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ABSTRACT

These two volumes comprise the official proceedings of the second White House Conference on Aging, held November 28-December 2, 1971. Volume I includes an overview of the Conference plan--its background, concepts, organization, and programming. It presents the contributions made by speakers at the General Sessions and Conference Delegate luncheons. Volume II is devoted to reports of the work of the 14 Subject Area Sections and the 17 Special Concerns Sessions, which resulted in the formulation of the Conference recommendations. These recommendations concern the following: Education; Employment and Retirement; Physical and Mental Health; Housing; Income; Nutrition; Retirement Roles and Activities; Spiritual Well-Being; Transportation; Facilities, Programs, and Services; Government and Nongovernment Organization; Planning; Research and Demonstration; Training; Health Care Strategies; Disability and Rehabilitation; The Rural and the Poor Elderly; The Elderly Among the Minorities; Protective and Social Support; and Roles for Old and Young. (DB)

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1971 WHITE HOUSE CONFERENCE ON AGING

FINAL REPORT

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TOWARD
A NATIONAL POLICY
ON AGING

Proceedings of the

1971 WHITE HOUSE CONFERENCE ON AGING

November 28 – December 2

Washington, D.C.

Volume I

Background
Organization
Program

* * *

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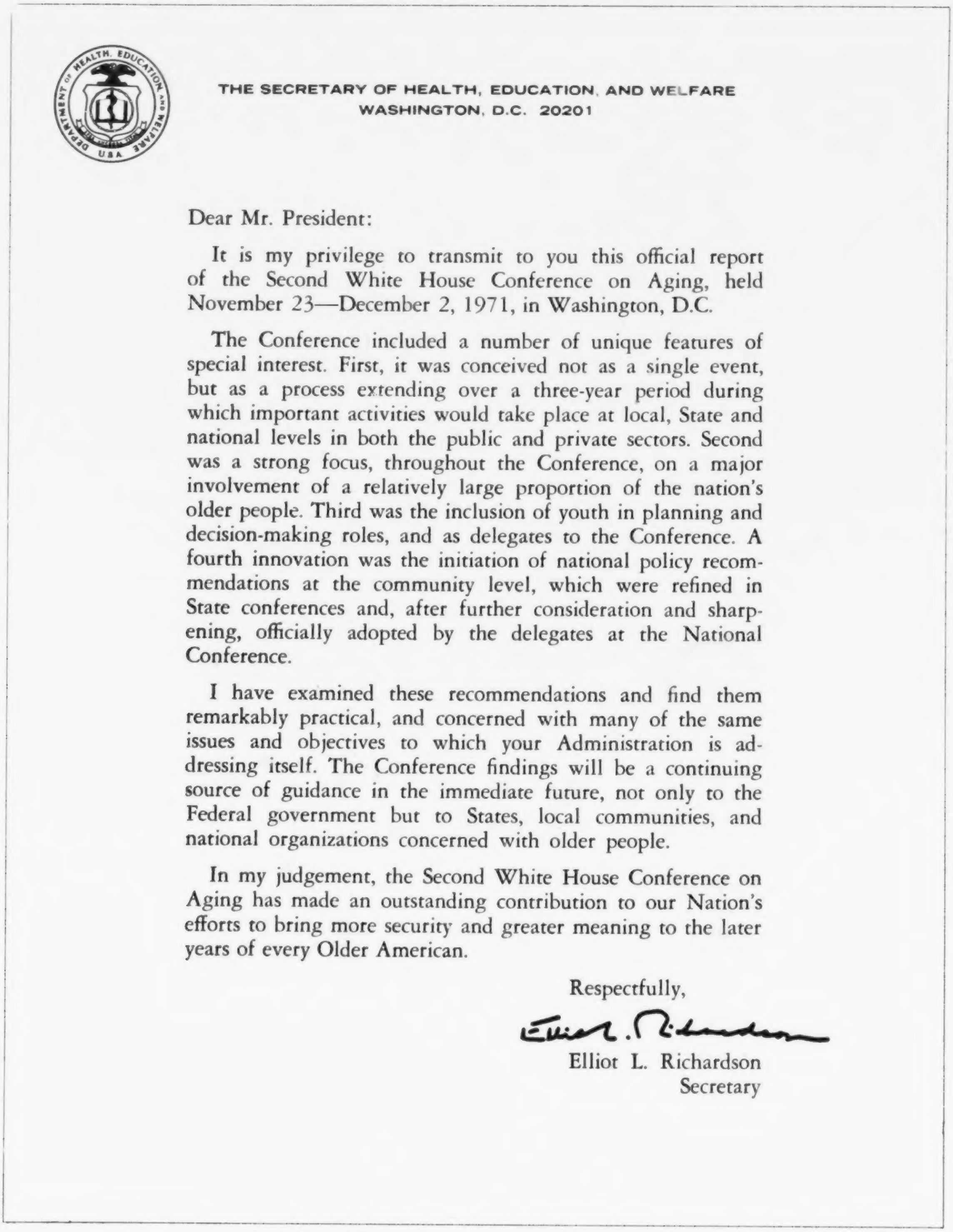


THE SECRETARY OF HEALTH, EDUCATION, AND WELFARE
WASHINGTON, D.C. 20201

Dear Mr. President:

It is my privilege to transmit to you this official report of the Second White House Conference on Aging, held November 23—December 2, 1971, in Washington, D.C.

The Conference included a number of unique features of special interest. First, it was conceived not as a single event, but as a process extending over a three-year period during which important activities would take place at local, State and national levels in both the public and private sectors. Second was a strong focus, throughout the Conference, on a major involvement of a relatively large proportion of the nation's older people. Third was the inclusion of youth in planning and decision-making roles, and as delegates to the Conference. A fourth innovation was the initiation of national policy recommendations at the community level, which were refined in State conferences and, after further consideration and sharpening, officially adopted by the delegates at the National Conference.

I have examined these recommendations and find them remarkably practical, and concerned with many of the same issues and objectives to which your Administration is addressing itself. The Conference findings will be a continuing source of guidance in the immediate future, not only to the Federal government but to States, local communities, and national organizations concerned with older people.

In my judgement, the Second White House Conference on Aging has made an outstanding contribution to our Nation's efforts to bring more security and greater meaning to the later years of every Older American.

Respectfully,

Elliot L. Richardson
Secretary

FOREWORD

Old age has no fixed term, and one may fitly live in it so long as he can observe and discharge the duties of his station. . .

DE SENECTUTE
CICERO (106-42 B.C.)

The 1971 White House Conference on Aging sought to crystalize in national policy the dimensions of a society in which older Americans may "fitly live" while completing the adventure of life with fulfillment and serenity. By bringing together nearly 4,000 of America's citizens to explore the circumstances of the nation's older population and to recommend policies needed to improve those circumstances, the White House Conference on Aging has initiated a new era for the "now generation" of older people, as well as for the generations coming after.

The Delegates came to the Conference in Washington keenly aware of the importance of their work. Well prepared by previous participation in local, State, and other pre-Conference activities and through study of materials distributed prior to the Conference, they came with anticipatory enthusiasm and with the intention of making every moment count toward the achievement of their goal.

As a result, the Conference produced a remarkable set of recommendations. The one overriding goal of all the recommendations was to assist the aging person to maintain his independence and to provide dignified protection and assistance for those unable to maintain full independence.

Within the complex of the total population of the nation's elderly, the special handicaps and problems of older members of the racial-ethnic groups were examined in special sessions. Policies and programs tailored to accommodate their cultural patterns and relieve their particular deprivations were outlined in detail. Delegates who participated in these sessions took full advantage of the opportunity to present to a national audience a full statement of the financial health, and psychological needs of their elderly populations. As a result, in the future, legislative programs, and national, State or local planning programs can be based on clear and far-reaching statements of the requirements of the elderly among the minorities.

As another one of its major accomplishments, the 1971 White House Conference on Aging has, I believe, contributed to the process of bringing about a much needed change in attitude toward aging and toward older people. Large segments of the nation have been brought to a heightened sensitivity to and a greater understanding of what it means to grow old in a society that has a tendency to put older persons out of sight and out of mind; to grow poorer in a time of increasing prosperity. For all who participated, the Conference generated a determination that action shall be taken immediately to ensure that all older Americans may "live fitly" until the end of their days.

To every one of the nearly one million persons who helped forge the recommendations which finally emerged at the National Conference, to the Conference Planning Board, to President Nixon for his leadership, to all the Departments and agencies of the Federal Government which provided assistance and support, and to my colleagues, Bertha Adkins, the Conference Vice Chairman, John B. Martin; Conference Director; Webster B. Todd, Conference Executive Director, Willis Atwell, Conference Coordinator, and to Wilma Donahue and Clark Tibbitts, two of the principal planners for the Conference, and to the White House Conference staff, I wish to express my sincerest thanks for their dedication and efforts; the harvest of which cannot but be a better life for all older Americans.

Arthur S. Flemming
Conference Chairman

PREFACE

Many changes have taken place in this century, but scarcely any have been more significant than the achievement of a long life for most Americans. Factors contributing to greater longevity have been the great discoveries of modern medicine which have dramatically reduced the death rate among the young and middle-aged; technological advances that have relieved workers of life-exhausting labor; and greatly improved environmental conditions (notwithstanding the current concern about pollution). In consequence of these advances, the population group aged 65 years and over increased from 3.1 million in 1900 to over 20 million in 1971, and by the year 2000 it will number about 25 million. This achievement, while desired and welcomed, nonetheless meant something of a crisis for a society unprepared to accommodate such a burgeoning of the group of older Americans.

Two decades of progress, initiated by the 1950 first National Conference on Aging and accelerated by the 1961 first White House Conference on Aging, have brought many changes in our social institutions which have greatly benefitted the elderly population. The second White House Conference on Aging held November 28—December 2, 1971, provided opportunity to capitalize on the experiences of the past 20 years and thus to move ahead with confidence to delineate national policies and action for immediate implementation.

The official proceedings are presented in two volumes. They cover a 2-year period during which older people through their Older Americans Forums made their needs and expectations known; communities and States through their White House Conferences on Aging generated the first formulations of a national policy on aging; and Delegates to the National Conference refined and took action on those proposals recommending policies and programs considered feasible in the immediate future.

Volume I of the proceedings includes an overview of the Conference plan—its background, concepts, organization, and programming. It presents the contributions made by speakers at the General Sessions and Conference Delegate luncheons. It thereby provides the framework which enabled the Delegates to carry out their assigned tasks.

Volume II is devoted to reports of the work of the 14 Subject Area Sections and the 17 Special Concerns Sessions. Generated by a delegate body spanning in age a full eight decades, these recommendations deserve the closest scrutiny by all branches and levels of government, by the private and voluntary sectors, and by older people themselves. It is to be hoped that the recommendations will not be viewed singly but will be studied for their inter-relatedness and their potential for yielding an integrated set of guidelines for further action on behalf of older Americans.

No effort of the magnitude of the 1971 White House Conference on Aging can be brought to a successful conclusion without incurring a heavy debt of thanks owed to the many thousands of persons throughout the Nation who labored to achieve the stated goals. To them, I acknowledge my personal thanks and extend the gratitude of all members of the White House Conference staff.

It was of great good fortune that Dr. Arthur S. Flemming made himself available for the fulltime chairmanship of the Conference. In that role, he brought a vitality to the Conference best expressed in his impatient call for "Action Now!" With it, he started a ground swell, augmented later by the White House Conference on Aging, which promises to carry forward at every level of the Nation's life for years to come.

To my own staff—Willis Atwell, Dorothea Lewis, Olivia Coulter, and their colleagues—I am grateful for their willingness to add to their arduous duties for the Administration on Aging significant contributions of their time and talent to the White House Conference on Aging.

John B. Martin

John B. Martin
Conference Director

PART 1

Background, Concepts, Planning

The Need for a Second White House Conference on Aging

Aging first came into national focus when, in 1950, President Harry S. Truman directed the Federal Security Agency to hold a national conference on aging to assess the problems emerging as a result of the extraordinary increase in the number of elderly persons in the population. The 816 citizens who were delegates to that conference took no action as a body, but each of the 11 sections developed recommendations that became the first guidelines for broadly conceived national action.

The problems persisted, however, and in some respects became more severe with time. By 1958, their magnitude and complexity reached a point which prompted the Congress to enact legislation requesting President Dwight D. Eisenhower to call a White House Conference on Aging, which was held on January 9–12, 1961, with 2800 Delegates in attendance.

Many of the proposed recommendations were implemented during the early or middle years of the 1960's. Among them were Medicare and Medicaid; increased Social Security benefits; the Older Americans Act which established the Administration on Aging and its counterpart State units on aging in every jurisdiction. New programs were funded for research and demonstration in aging and for training manpower to serve older people. Other initiatives taken on behalf of the elderly included increased financial support for new programs in health care and related social services, housing, manpower training for older workers, and new volunteer opportunities.

With so many important actions taken, one may reasonably ask if there was a need for a second White House Conference on Aging; or was it called simply on the basis of the 10-year tradition established by the White House Conferences on Children and Youth.

Evaluation of the action taken during the last decade reveals that, in spite of great strides, progress was at best sporadic and its momentum slowing. There was still no comprehensive set of national policies on which all levels and parts of government were working together to articulate. Older people were increasingly disadvantaged, and at least a fifth were still in the desperate, life-destroying circumstances of dire poverty.

Inflation was continuing at such a rate that, while money incomes of millions of older people were raised through increased Social Security benefits, many persons were relatively poorer. Employment opportunities for retirees did not materialize to enable them to earn additional income. Taxes, especially property taxes, climbed to such levels that many older homeowners were forced to sell and move into cheap rented quarters. Production of new housing for the elderly lagged. Health services remained fragmented and uncoordinated, resulting in poor delivery of services to the elderly. Institutional care was increasingly allocated by public agencies to the proprietary nursing homes, which admittedly needed stronger regulatory measures to improve their standards.

Reorganization within the Department of Health, Education, and Welfare (HEW) in the late 1960's initiated what was generally interpreted as a downgrading of the Administration on Aging when it was made a component of another administrative unit of the Department. This belief was fixed even more firmly when two-thirds of its program responsibilities were gradually transferred to other units and agencies, and when the appropriation requested by the Department for aging programs was only a fraction of the amount authorized by Congress.

At the same time that the circumstances of the elderly and action on their behalf seemed to be deteriorating, there were emerging certain new emphases and developments which gave great promise of bringing about changes which would benefit the older segment of the population.

The Congress continued to maintain a strong interest in the older citizens group and to be responsive to their clear needs. Presidential interest in the social and economic problems of the elderly expressed by Presidents Eisenhower, Kennedy, and Johnson was reaffirmed and significantly expanded by President Nixon during his campaign and again soon after his inauguration when he appointed a special task force to study the problems of older Americans.

In a different sphere, planning had become a key goal and activity of the Federal and other levels of government—planning designed to promote the development of systems of service for all age groups, while allowing enough flexibility to accommodate the particular service needs of the especially disadvantaged elderly.

With apparent deterioration in the situation of the aging population on the one hand, and new potentials for bringing about significant planned change on the other, there was a conspicuous need for a second White House Conference on Aging. Under such circumstances, it was natural and imperative that a concerned Congress should call for a second White House Conference on Aging to clarify and assess the current state of affairs and to initiate a new effort to achieve security and dignity for America's old people.

Legislative History

Steps leading to the authorization and the calling of the 1971 White House Conference on Aging were initiated by the Congress in 1968. Enabling legislation took the form of a Joint Resolution, Public Law 90-526 (September 28, 1968), which declared:

> . . . that it be the sense of Congress that a White House Conference on Aging be called by the President of the United States in 1971, to be planned and conducted by the Secretary of Health, Education, and Welfare . . .

At all stages of the legislative process, culminating in the adoption of the Joint Resolution, there was a strong and wide-ranging agreement on the need and value of holding a second White House Conference on Aging. Bipartisan sponsorship for the legislation introduced in the Senate (S.J. Res. 117), and in the House (H.J. Res. 1371), augured a favorable reception by the Congress. At hearings conducted by the Special Subcommittee on Aging of the Senate Committee on Labor and Public Welfare in early March 1968, virtually all the participants endorsed the proposed Conference. Those testifying included senators, officials from Federal and State executive agencies with programs in aging, representatives of non-government organizations, and other interested citizens. The Select Subcommittee on Education of the House Committee on Education and Labor also held hearings where, once again, the testimony demonstrated broad support for congressional authorization of the Conference.

Warm approval of the intended purposes of a second White House Conference on Aging did not, however, rule out differences over its timing, funding, organization, and preparation. As reported out on May 1, 1968, by the Committee on Labor and Public Welfare, Senate Joint Resolution 117 provided that: (1) the Conference be held in 1970; (2) a total of $4,000,000 be authorized for Conference expenses over a three year period, beginning July 1, 1968; (3) grants ranging from $5,000 to $35,000 be made available to each State[1] for Conference-related activities; and (4) technical advisory committees be established to advise and assist in planning and conducting the Conference.

---

[1] The term "State" was defined for the purposes of the joint resolution to include the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands.

Subsequent action by the House Committee on Education and Labor showed divergent positions on these four points. On July 25, 1968, the Committee reported favorably on House Joint Resolution 1371 which (1) called for a Conference in 1971; (2) authorized $1,300,000 for Conference expenses; (3) provided no special grants for State activities in preparation for, or to cover State delegation attendance at, the national Conference; and (4) excluded any express provision for technical advisory committees. With these substantive differences, the Senate and House Joint Resolutions were passed by their respective bodies on May 6 and July 30, 1968.

The initial consideration of legislation by subcommittees and then by full committee, and the subsequent passage of the original resolutions just described, involved the active leadership of many senators and representatives. Several of them shared the further responsibility of developing an amended, uniform version of the separate Joint Resolutions which would gain the final approval of Congress. With the assistance of legislative staff and the consultation of appropriate officials from the Department of Health, Education, and Welfare, a compromise Joint Resolution was cleared for passage by the Senate on September 9, by the House on September 12, 1968.

With respect to the provisions at issue, the Joint Resolution called for a date sometime in 1971, thereby allowing ample lead time in planning and preparing for the Conference. A sum of $1,900,000 was authorized to cover, among other things, "financial assistance to the States in enabling them to organize and conduct conferences on aging prior to the White House Conference on Aging." According to statements made preceding the House vote on the Joint Resolution, the congressional intent was to reserve $600,000 of the $1,900,000 for State participation in the Conference. Also, the law authorized and directed the Secretary of Health, Education, and Welfare to establish technical advisory committees and to appoint their chairmen and members.

As described by the authorizing resolution, the 1971 White House Conference on Aging was to be called by the President "in order to develop recommendations for further research and action in the field of aging, which will further the policies set forth in the preamble of this joint resolution." The preamble declared that responsibility for meeting the challenge and problems of aging rests primarily with the States and communities, yet all levels of government are involved and must share this responsibility. Therefore, the Federal Government shall work jointly with the States and their citizens to develop recommendations and plans for actions which will serve the purposes of:

(1) assuring middle-aged and older persons equal opportunity with others to engage in gainful employment which they are capable of performing;

(2) enabling retired persons to enjoy incomes sufficient for health and for participation in family and community life as self-respecting citizens;

(3) providing housing suited to the needs of older persons and at prices they can afford to pay;

(4) assisting middle-aged and older persons to make the preparation, develop skills and interests, and find social contacts which will make the gift of added years of life a period of reward and satisfaction;

(5) stepping up research designed to relieve old age of its burdens of sickness, mental breakdown, and social ostracism; and

(6) evaluating progress made since the last White House Conference on Aging, and examining the changes which the next decade will bring in the character of the problems confronting older persons.

As a capstone to these stated aims of the legislation, the preamble added: "It is essential that in all programs developed for the aging, emphasis should be upon the right and obligation of older persons to free choice and self-help in planning their own futures."

Appropriations

A total of $1,900,000 was appropriated by Congress for the White House Conference on Aging. The early stages of planning and preparation for the Conference were supported by funds amounting to $250,000 as part of the Administration on Aging budget under the fiscal 1970 Labor-HEW Appropriations Act (Public Law 91-24). The major share of the appropriation was subsequently provided by the fiscal 1971 Labor-HEW Appropriation Act (Public Law 91-667), which allocated an additional $1,650,000 for Conference expenses, including those incurred in the post-Conference period through June 30, 1972. This appropriation included the $1,000,000 originally budgeted for the Conference for the 1971 fiscal year, plus the sum of $650,000 provided under an amendment, cosponsored by Senator Williams (N.J.) and Senator Prouty (Vt.), to cover the travel and per diem expenses of elderly and other delegates representing the States.

In addition to the Conference activities financed by these appropriations, support services and technical staff were contributed by several Federal executive departments and agencies. For their part, the States, many communities, several hundred national organizations, and countless individual citizens also devoted considerable resources to the Conference effort.

The President's Proclamation

In accordance with the Joint Resolution of the Congress, President Nixon issued a proclamation on October 6, 1969, calling for the Second White House Conference on Aging, in which he said in part:

> *Today, I am issuing a formal call for the second White House Conference on Aging to meet in Washington, D.C., in November of 1971. With careful advance planning and with broad, representative participation, this Conference can help develop a more adequate national policy for older Americans. I hope that it will fully consider the many factors which have a special influence on the lives of the aging and that it will address precise recommendations, not only to the Federal Government, but also to government at other levels and to the private and voluntary sectors as well.*
>
> *Members of the older generation have given much to their country. Through the White House Conference on Aging, a grateful Nation can recognize the goal of making old age a time of contribution and satisfaction.*

The Conference Plan

The Three Year Plan—
An Overview

Designed as much more than just a single event, the second White House Conference on Aging was conceived as a 3-year process directed toward bringing about substantial changes in society's perception and treatment of its older population.

Planning the Conference over a 3-year period provided an opportunity to avoid some major shortcomings of the first White House Conference on Aging. One oversight of that first conference was the failure to consult with older people, at first hand, to learn what they considered to be their most urgent, unsatisfied needs. For the 1971 Conference, however, there was sufficient lead-time for the process to be initiated by older people through the 1970 Older Americans Forums held in thousands of local communities.

Another deficiency of the 1961 conference plan was the failure to provide for a systematic and intensive follow-up of the conference recommendations at national, State, and local levels. In contrast, the three-year plan for the 1971 Conference emphasized that 1972 was to be a year for follow-through on recommendations and for evaluation of resulting action.

Thus, 1970 was viewed as a *Prologue Year* in which older persons would have the opportunity through Older Americans Forums to speak out on their needs and to be heard not only in the communities and States but also by the executive and legislative organs of the Federal government.

The second year, 1971, was seen as the *Year of Conferences.* Local and State conferences and National Organization Task Forces would meet to develop policy recommendations which, in turn would be consolidated by Technical Committees to become the substance for consideration by Delegates at the national conference in November-December.

The third year, 1972, was projected as the *Year of Action.* Because the National Conference took place in a climate of action—initiated by the Older American Forums, the community and State conferences, the active participation of national organizations, and by the Federal executive and legislative branches—the prospects are high for accelerated efforts to implement the recommendations arrived at by the Delegates and thus to greatly improve the well-being of older Americans.

OVERALL CONFERENCE OBJECTIVES

Three specific objectives were drawn up for the 1971 White House Conference on Aging.

- —To initiate the development of specific, thoughtful guides and recommendations for policies and actions in aging at community, State, and national levels.
- —To draw these guides and recommendations from cross-sections of older people, providers of services, specialists on aging, key decision-makers, and youth, in order that they may represent a broad and effective consensus.
- —To broaden the understanding, at community and State levels, of the needs of older people, and strengthen the willingness to act on the policy proposals that will emerge from the White House Conferences on Aging at all levels.

If these objectives are achieved, the Conference will have a great meaning for the 1970's for it will result in:

- —Broader public awareness of older people and their circumstances;
- —A realistic national policy regarding the older population;
- —Greater commitment by government, voluntary agencies and the private sector to serving older people;
- —Clearer and stronger roles for the Administration on Aging as the advocate for older people and as a focus on their affairs;
- —Stronger and more effective State agencies responsible for planning and serving the older population;
- —More systematic planning and an expansion and coordination of services for the elderly at the community level;
- —Assumption by older people of more responsibility for meeting their needs and for contributing to community life; and
- —New legislation on behalf of older people at Federal and State levels taken with reference to a set of national policies designed to improve the quality of life of America's old people and their families.

Principal Task of the Conference—Policies for Aging

In keeping with the objectives, the Conference effort at all levels was directed toward the formulation of coherent principles and feasible plans which would lead toward a national policy on aging.

Historically, conferences in the field of aging have produced three types of recommendations: (1) broadly stated, far reaching *goals* which give expression to aspirations to achieve ideal situations or states for the older segment of the population; (2) more focused and closely considered *policy* proposals to bring about more immediate change; and (3) large numbers of specifically detailed *programs* to provide services for the elderly or increase knowledge about them.

The relatively free proliferation of all three types of recommendations was necessary and useful in the early stages of discovery and exploration of the problems and needs associated with aging. However, the gradual accumulation of systematic knowledge and evaluative tools, together with relevant experience gained over the last several decades, made it possible for the 1971 White House Conference on Aging to take as its purpose the more difficult task of formulating proposals for public policies leading to defined actions to meet clearly stated short range objectives.

To establish a common understanding of the purpose underlying the formulation of policies for the aging, as distinct from goals and from program recommendations, the following definitions were adopted for the purposes of the Conference.

> **Goals**—Long range objectives or targets stated in broad general terms. These are useful as affirmations of social values or aspirations and as guides to the development of social policies.
>
> **Policies**—A set of focused, strategically feasible principles and plans for action to provide direction for program supportive of long-range goals.
>
> **Program Recommendations**—Proposals for specific action designed to implement policies and to move toward goals.

In addition to defining the various types of recommendations as guides to policy formulation, the following set of criteria was established for judging the feasibility of a policy proposal.

Is it:

- based on known needs of older people?
- consistent with national goals and social values?
- possible to implement with present knowledge and manpower?
- realistic in terms of cost?
- likely to be supported by the general public?

Would it:

- benefit the whole community or society as well as just older people?
- preserve the dignity, freedom and right of choice of older people?

Does it:

- fix responsibility for action on a specific public or private agency or organization?

It was expected that rigorous application of these criteria would facilitate the selection of those policies most likely to elicit immediate action, to gain public acceptance, and to find a readiness on the part of society to see them implemented.

Subject Matter Content of the Conference

The legislation for the 1971 White House Conference on Aging directed that attention be given to employment, income, and housing of older Americans. It also pointed out the need for educational programs for middle-aged and older persons to prepare them "to make the gift of added years of life a period of reward and satisfaction."

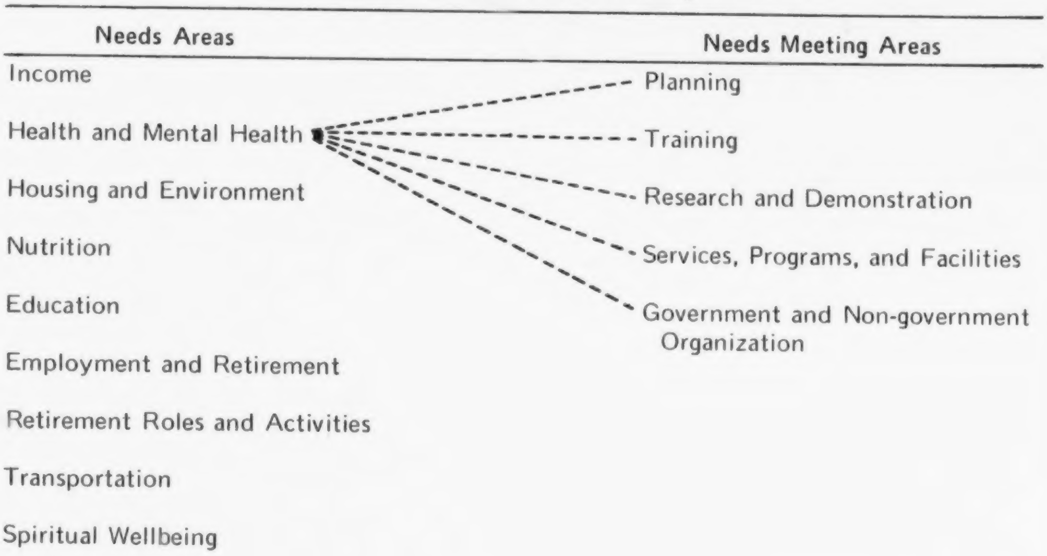
Research and evaluation of progress, and an examination of the effects that the projected changes of the 1970's will have on older people, were also included among the purposes the Congress believed the Conference should serve.

SUBJECT AREAS

Working from this basis, a careful study and evaluation of the circumstances of today's older people and the problems which plague them, even after 20 or more years of effort to improve their conditions, resulted in the selection of 14 areas in which it appeared there was need for a more effective set of national policies.

Of the 14, 9 represent *Needs Areas* within which policy and action are required if American society is to be satisfied that its older citizens are to enjoy healthy, active, and meaningful lives. The other 5 areas, designated as *Needs Meeting Areas,* identify the principal means through which action can be brought about. Figure 1 lists the Needs and Needs Meeting Areas and illustrates the relationship between them. The 5 Needs Meeting Areas are the avenues to action for *each* of the Needs, although in Figure 1 the relationship is illustrated for only one Need.

Figure 1.
Schematic Representation of the Relationship of Needs Areas to Needs Meeting Areas


Needs Areas
Needs Meeting Areas
Income
Health and Mental Health
Housing and Environment
Nutrition
Education
Employment and Retirement
Retirement Roles and Activities
Transportation
Spiritual Wellbeing
Planning
Training
Research and Demonstration
Services, Programs, and Facilities
Government and Non-government Organization

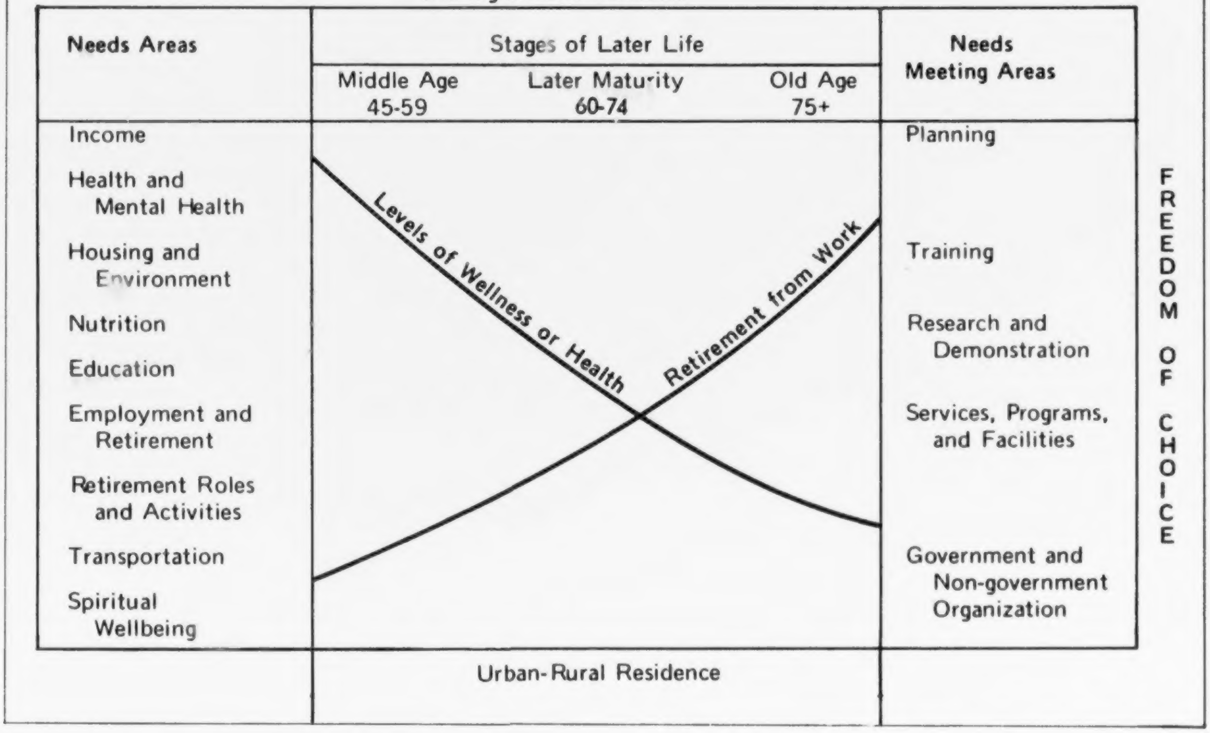
Older people, of course, vary among themselves in the same way other age groups do. In fact, because of the effects of aging itself and of certain social practices, older people tend to change more rapidly and to be called upon to make more major adjustments in their lives than at any other time except childhood.

In order to emphasize these enormous variations in the nature and circumstances of older people, and to ensure that policy and action recommendations would reflect recognition of these differences, five principal variables were identified for consideration in relation to each of the Needs and Needs Meeting Areas. These were—Stage of Later Life, Level of Wellness (or Health), Employment-Retirement Status, Urban-Rural Residence, and Maximum Freedom of Choice.

Figure 2 illustrates the characteristic changes in health and employment status as the individual moves from middle-age (45-59) through later maturity (60-74) and old age (75 and over). It also calls attention to the need to consider whether an aging person lives in an urban area where resources are generally more available or in sparsely settled rural environments. And at every stage of life, and with reference to all Needs and Needs Meeting Areas, the individual should be assured the right—the freedom—of making his own choices among available solutions to his problems and needs.

Figure 2.

Schematic Representation of Needs and Needs Meeting Areas and Significant Variables


Needs Areas
Stages of Later Life
Middle Age 45-59
Later Maturity 60-74
Old Age 75+
Needs Meeting Areas
Income
Health and Mental Health
Housing and Environment
Nutrition
Education
Employment and Retirement
Retirement Roles and Activities
Transportation
Spiritual Wellbeing
Levels of Wellness or Health
Retirement from Work
Planning
Training
Research and Demonstration
Services, Programs, and Facilities
Government and Non-government Organization
FREEDOM OF CHOICE
Urban-Rural Residence

The chart emphasizes the fact that no single solution in any area is static and fixed, but that change and accommodation must be features of all planning and programs for older people whose life circumstances are changing as they grow older and older.

SPECIAL CONCERNS SESSIONS

The 14 subject areas became the substantive part of the Conference which was dealt with in the community and State conferences. National organizations considered the Needs Areas especially, but also provided some comment on the Needs Meeting Areas.

As the Conference planning progressed, requests were received from various organized groups for an expansion of the program to provide opportunity for consideration of the special problems of minority and other specially disadvantaged groups. Although the requests were made too late to include them in the community and State conferences, arrangements could be made to hold the following 17 Special Concerns Sessions as a part of the national program

Long-Term Care of Older People
Mental Health Care Strategies
Homemaker-Home Health Aide Services
Aging and Blindness
Spanish Speaking Elderly
The Elderly Indian
The Older Family
The Religious Community and the Aged
Physical and Vocational Rehabilitation
Rural Older People

The Poor Elderly
Aging and Aged Blacks
Asian American Elderly
The Elderly Consumer
Legal Aid and Urban Aged
Volunteer Roles for Older People
Youth and Age

The Special Concerns Sessions not only enlarged the program, but enriched its output and gave visibility to many special groups and problems of the elderly that might otherwise have failed to receive the focused attention of the National Conference.

The Conference Planners

The complex nature of the overall plan of the 1971 White House Conference on Aging called for extensive planning at local, State, and national levels. It required extensive involvement in the planning function by older Americans as consumers, specialists in aging, planners and decision-makers, providers of services, representatives of minorities and other special problem groups and of organizations, the private sector, and the generally concerned citizenry. The planning groups described below reflect these requirements throughout.[1]

THE WHITE HOUSE CONFERENCE STAFF

A staff was assembled in early 1970 under the leadership of John B. Martin, Commissioner on Aging, whom the President had named to direct the Conference. Willis W. Atwell, Deputy Commissioner on Aging, became the Conference Coordinator. At a later date, Arthur S. Flemming was appointed by the President to be the full-time Chairman of the Conference. Webster B. Todd Jr. joined Mr. Flemming and served as the Executive Director of the Conference. Other components of the staff included:

Administrative Office
Public Information
State and Regional Relations
National Organization Relations
Delegate Relations
Technical Planning
Logistics Office

THE NATIONAL ADVISORY COMMITTEE

The Joint Resolution called for a National Advisory Council of professional and public members of which a substantial number were to be 55 or more years of age. Secretary Richardson formed the committee in early 1970 by appointing 28 distinguished older Americans. This committee became the core of a larger working board.

THE CONFERENCE PLANNING BOARD

In order to share the duties of planning among more persons and representative groups, a Conference Planning Board was named. Its membership included representation of the following groups:

White House Conference on Aging National Advisory Committee	28
Advisory Committee on Older Americans	13
National Organizations of Older People	10
National Association of State Units on Aging	10
Youth Participation Committee	14
Consultants on Minority Problems	10
Technical Committee Chairmen	14

The Chairman and the Director of the Conference served as Co-chairmen of the Board. An Executive Committee of 17 members of the Board transacted the Board's business between full meetings. The Chairman also had the continuing advice of an *ad hoc* committee of those Board members who were the representatives of national organizations of old people.

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[1] Rosters of the various planning groups appear as Appendices to this document.

The responsibilities assigned the Board were:

- To assist the White House Conference staff in arriving at broad plans and procedures;
- To insure coordination of the Conference activities with the ongoing Federal and State programs in aging;
- To accommodate the considerable interest among National Organizations of Older Persons; and
- To represent the views of the providers of services, specialists, and scientists.

To carry out these responsibilities, the Conference Board met three times—October 17-18, 1970, March 27, 1971 and September 24, 1971. At its October meeting, the Board established five committees: Information and Publications, Regional and State Planning, National Organizations, Conference Programs and Procedures, Issues and Policies.

These committees met and made recommendations to the Board which, after discussion and amendment as needed, voted upon their adoption. Similar procedures were followed at the subsequent meetings of the Board.

Among the most important decisions made were those which approved the overall 3-year Conference plan, the subject areas, the topics of Special Concerns Sessions, the criteria for Delegate nomination, and the rules and regulations governing the proceedings, voting and conduct of the meeting, including the restriction of voting to the delegate bodies of the Subject Area Sections and Special Concerns Sessions.[1]

TECHNICAL COMMITTEES

In accordance with the joint resolution authorizing the Conference, the Secretary of Health, Education, and Welfare established a Technical Committee for each of the 14 Needs and Needs Meeting Areas. Membership of each of the committees included persons with special training and proven competence in their respective fields, representatives of minority groups, and older people as consumers. Supplementing each Technical Committee was a Secretariat made up of government personnel from appropriate Federal agencies. As the Committee's staff, the Secretariat provided assistance and acted in an advisory capacity.

The Technical Committees were assigned the prime responsibility of evaluating developments in their respective subject areas, and then focusing attention on what they perceived to be the major issues requiring resolution as a basis for formulating a set of national policies on aging. For this purpose, an issue was defined as follows:

> An *issue* is a question—resolvable in two or more ways—formulated for the purpose of determining what broad policy or action should be taken to move toward a specific, goal-oriented objective.

At their initial meeting, the committees first reviewed the drafts of background papers, which had been prepared by specialists in their fields, for the purpose of ensuring that the papers were comprehensive, complete, and authoritative. On the basis of the background papers and their own knowledge of the field, the Committees set forth several salient questions or issues relative to the steps they believed were required to improve the circumstances of the older population. These stated issues became the focal points for discussion and the basis of the first formulations of recommendations by the community and State conferences and by the National Organization Task Forces.

At the second meeting of the Technical Committees in the summer of 1971, they consolidated the recommendations which were responsive to the issues along with others generated at the State Conferences and the National Organization Task Force meetings. These consolidated recommendations were reproduced in the *Delegate Work Books* for use at the National Conference.

PLANNING COMMITTEES FOR SPECIAL CONCERNS SESSIONS

A planning committee, consisting of representatives from the organizations requesting the session and other related organizations, was established for each of the 17 Special Concerns Sessions. The committees were assisted by Federal agencies and the White House Conference staff, but had full responsibility for the Sessions.

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[1] The full text of the rules and regulations governing the conduct of the Conference work sessions can be found as Appendix H.

The function of each committee included determining the content and format of the Session programs, identifying and inviting program participants, conducting the Session in accordance with the same rules of order which governed the Subject Area Sections, and preparing a report of the recommendations adopted at Session meetings for inclusion in the report of the Conference proceedings.

GOVERNMENT AGENCY LIAISON

The legislation authorized the Secretary of Health, Education, and Welfare to request the cooperation and assistance of such other Federal departments and agencies as might be appropriate in carrying out the provisions of the Joint Resolution. In order to open these channels, each Department and 21 independent government agencies were invited to name a member of their organization to serve as a liaison with the White House Conference on Aging. This provided easy access to personnel and other resources of the government and afforded a means of distributing information about the Conference.

NATIONAL ASSOCIATION OF STATE UNITS ON AGING LIAISON COMMITTEE

A special committee was named by the National Association of State Units on Aging to take part in the initial planning of the Conference. This committee, along with the Associate Regional Commissioners for Aging, was the first group convened (March 8-9, 1970) by the White House Conference on Aging to review and advise on the initial Conference plans.

MINORITY REPRESENTATION

From the beginning, the planners of the 1971 White House Conference on Aging were concerned that the minorities have the opportunity to share in the responsibilities of decision-making and achieving the goals of the Conference.

As a first step, 10 representatives of minority groups—Blacks, Asian-Americans, American Indians, and Spanish Speaking—were appointed to the citizen Planning Board of the Conference as special consultants on minority problems. Following is a brief summary of the provisions made for the participation of minority representatives in the various phases of the Conference.

Number of Minority Representatives

Securing an adequate number of representatives of the various minority groups in the Conference Delegate body was one of the principal aims of the Conference planners. The Planning Board, at its first meeting, took action requesting that special attention be given to the inclusion of minority groups in all aspects of the Conference. The Board continued to call attention and to take action on behalf of the minorities such as approving the inclusion of Special Concerns Sessions on their problems in the Conference plan.

States were urged, and they in turn requested local communities, to include representatives of the minority groups within their populations in Conference activities. The Secretary's letter to the Governors also requested that in the naming of State Delegates attention be given to adequate representation of minority groups. And, to make certain that a reasonable balance of the minorities from the various sections of the country were named, a category of Delegates-at-Large was established to be used by the President to overcome any obvious underrepresentation.

Various organizations that represented minority groups were also active in ensuring representation in relative proportion to their numbers in the general population. The National Caucus on the Black Aged, representative committees of various American Indian organizations, of Asian-American groups from the mainland and territories, and of the Spanish speaking, including Puerto Rican and Cuban groups, worked with the Conference Chairman to establish criteria for determining an adequate representation of their groups.

As a result of all these efforts, the number of minority Delegates named far exceeded their representation in either the 1950 National Conference on Aging or the 1961 White House Conference on Aging and was roughly in proportion to their number in the general population.

Roles of the Minorities in the Conference

As Participants in State and Community Activities

- Many of the Older Americans White House Conference Forums, held in September 1970, were located purposely in places where there are concentrations of minorities, such as the center cities and certain geographical areas of the country. Reports received from the Forum organizers indicate that, in many instances, a minority group constituted the largest proportion of the participants.
- States were careful to include minority group members on their State White House Conference on Aging planning Committees and urged communities to do likewise for the planning committees of local White House Conferences on Aging. Also, minority group persons participated as Delegates in the State and local Conferences of 1971.
- In naming Delegates to the National Conference, every Governor selected members from the leading minority groups in their respective States. (As mentioned earlier, where disparities remained, the Delegates-at-Large category was used to achieve a more appropriate balance in representation.)

As National Conference Leaders

- The 28 member White House Conference on Aging Advisory Committee included minority representatives.
- The Planning Board provided opportunity for additional minority representation in a decision-making role of the Conference planning.
- All the Technical Committees, which were largely responsible for deciding upon the technical content and focus of the 1971 Conferences (local, State, and national), included representatives of some of the minority groups.
- Special attention was given to the appropriate representation of minorities in the selection of Section and Subsection leadership.

As Delegates

- In constituting the membership of the various Subsections, adjustments were made so that all Subsections included representation of the major minority groups. In instances where the actual number of minorities in a Section was too small to provide representation in all groups, the Chairman was advised to raise for discussion the problems of the minority groups.
- When the minority representation was found lacking in particular skills (nursing, community planning, health, etc.), recommendations were made to persons appointing the minority Delegates-at-Large to include individuals with these special skills, if possible.

Conference Materials

Background and Issues Papers

To establish the foundations for informed Conference discussion and resolution of the vital issues of policy affecting older persons, *Background and Issues* papers were prepared covering each of the 14 subject-matter Needs and Needs Meeting Areas. Under a grant made in 1970 by the White House Conference to Brandeis University, recognized authorities in the field of aging were commissioned to undertake the necessary research, and to organize and draft topical material, applicable to their assigned subject area. The paper for Health was in two parts, one concerned with physical health, the other with mental health. Similarly, the Research paper was prepared by two authors, one writing on biological and medical research, the other on behavioral and social science research. In addition, the subject of Employment and Retirement was covered in separate papers, again each by a different author. The entire background paper project, involving the preparation of some 17 documents, was directed by Dr. James H. Schulz of Brandeis University.[1]

In most cases, the *Background and Issues* papers followed a common outlined comprised of five parts. The first four sections covered relevant background material: an introduction to the particular Needs Area or Needs Meeting Area; a statement of well-established, long-range goals (set by previous conferences, commissions, and legislative goals); a review of existing knowledge in the area; and a description of the nature and scope, together with the gaps and shortcomings, of present policies and programs. Each author had final responsibility for the contents of these four sections, and assisted in the preparation of the fifth, Issues, section of the paper.

The drafting of the Issues section for each *Background Paper* was the responsibility of the respective Technical Committee for that subject area. This portion of the paper set forth certain major questions or issues for consideration and resolution by Conference Sections, leading to a comprehensive national policy on aging.

Work Books for Community and State White House Conferences on Aging

Background information and discussion material, covering each of the 14 subject-matter areas, was prepared in a series of *Work Books* for the use of participants in community and State White House Conferences on Aging. The *Work Books* were regarded as a practical substitute for the full *Background and Issues* papers, which could not be reproduced reasonably in the quantity necessary to accommodate the many thousands of Delegates to the community and State conferences. Moreover, the length and, in some cases, the technical nature of the *Background and Issues* papers made it doubly advisable to produce summarized versions in the form of *Work Books.* This task was undertaken during January-March 1971.

Part One of each *Work Book* contained a summary of the corresponding *Background Paper* sections on the needs, goals, available knowledge, and present situation in that area of aging. Its purpose was to add to the information of Delegates whose Conference section would be discussing and adopting recommendations in the subject area covered by the *Work Book.*

In Part Two of the *Work Book,* several questions or issues were presented, accompanied by back-up discussion of their policy implications. This part of the *Work Book,* with only minor editorial changes, was a restatement of the Issues Section of the *Background Papers* developed by each of the Technical Committees. Thus, first the community and then the State White House Conference on Aging were asked to address themselves, in common, to certain major unresolved problems posed either by the identified issues, or by other questions of importance.

In addition to the *Background and Issues* papers and the *Work Books,* described above, several other documents were published by the White House Conference on Aging. This series of guides-related training materials, and other relevant documents was prepared by the National Conference staff to assist in carrying out integral parts of the Conference process at community, State, and national levels. In approximate order of their publication, the documents are described below.

Self-Guide for Groups Organizing Older Americans White House Forums

The *Self-Guide* was distributed to backstop the efforts of State agencies on aging and community groups responsible for organizing the Older Americans Forums held in September 1970 and the months following. The *Self-Guide* explained the importance of the Forums as a means for older people themselves to voice their needs and desires; proposed methods of organizing, staffing, and conducting the Forums; and set forth the essentials of reporting their results.

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[1] A complete index of the *Background and Issues* papers and their authors can be found as Appendix I. The papers are available through the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Technical Guide for Community and State White House Conferences on Aging

The *Technical Guide* was prepared primarily for the use of State agencies on aging and Federal regional units on aging. Distribution began in November 1970, and continued over the next several months.

This basic work was presented in three parts. Part One dealt with the overall objectives, subject-matter, and structure of the White House Conference, and with State activities and responsibilities related to the Conference plan. Part Two was concerned with community White House Conference activity, and Part Three, in similar fashion, with the preparation and program of State conferences.

Handbook for Community Conferences

The *Handbook,* a supplement to the *Technical Guide,* was also distributed during the winter and early spring of 1971. While the *Handbook* drew extensively from the materials presented in the *Technical Guide,* it was more specifically addressed to the tasks involved in organizing and conducting the first round of conferences at the community level. The *Handbook* was provided to assist community conference leaders and planning committees in the careful preparation and skillful execution of this nationwide effort. The expectation was that as many hundreds of community White House Conferences as were compatible with time and resources would be sponsored by the States.

Technical Guide for National Organizations

A companion piece to the two previously mentioned works, the *Technical Guide for National Organizations* also set forth the concept of the total Conference effort. It then suggested several ways in which national organizations and their constituents could contribute to that effort, especially through the formulation and support of a set of national policies on aging. This *Technical Guide* was published in December 1970.

Leadership Training Guide in Policy Formulation

The *Leadership Training Guide,* also printed in December 1970, was part of a kit of materials developed for training sessions on the complex process of policy formulation. This document was for use by State agencies on aging in training leaders of community conferences, and adaptable to their subsequent use in training State conference staff.

"So You Are To Be A Participant In A Community White House Conference on Aging"

A pamphlet was printed in January 1971 to be used in conjunction with the *Work Books* which, as described earlier, provided participants with background information and issues for discussion and resolution. This pamphlet was designed to explain clearly and succinctly how use of the *Work Books* would equip each participant for an effective role in the Conference process of formulating national policies on aging.

Roster of Participating National Organizations with Programs in the Field of Aging

Released in November 1971, just before the national White House Conference on Aging, the roster of participating organizations identified the more than three hundred national organizations that took part in Conference activities.

National Conference Delegate Work Books

A *Delegate Work Book* was prepared for each of the 14 subject matter areas of the Conference. Each National Conference participant received a *Work Book* appropriate to the subject-matter Section to which he was assigned.

These *Work Books* were structured in three parts. Part One provided Delegates with an overview of the organization and program of the

National Conference. Part Two served to orient participants to their Conference task. Parts One and Two were the same in all the *Work Books*.

Part three contained a summary of selected portions of the *Background Paper* in the respective subject area. It set forth the recognized needs in the area, the long-range goals to be achieved, and a statement of the major issues and questions. It also contained the recommendations consolidated from the reports of the State conferences and the national organization task forces, and relevant Technical Committee comments.

A Guide for Section and Subsection Conference Leaders

Prepared in October 1971 for distribution to the Chairmen and Recorders of Sections and Subsections at the National Conference, the guide for these leaders dealt extensively with the structure, procedures, and leadership roles planned for the November 28—December 2 meeting in Washington, D. C.

FILMS:

The Three-Year Conference Plan

The Three-Year Plan, was made in August of 1970 for viewing by White House Conference planning groups at all levels. John B. Martin, Commissioner on Aging and Director of the Conference, outlined the planned sequence of Conference events for the three, 1970-1971 period; the roles projected for the several sets of participants; and the flow of recommendations and actions expected throughout the course of the Conference process.

This film, as well as the one described below, was prepared by the University of Michigan Television Center, in cooperation with the White House Conference staff.

The Policy Proposal

The Policy Proposal was designed primarily for the training of Conference leaders and personnel in the process of policy formulation. The basic concepts underlying the development of policy recommendations were explained by identifying a major issue in the field of housing for the elderly, and then stimulating the discussions, deliberations, and evaluative factors involved in resolving that example issue to arrive at a feasible policy proposal. As a clear presentation of the precepts of the policy formulation process followed at successive levels of the 1971 Conferences, the film has enduring value.

This film was prepared in November 1970, Willis W. Atwell, Deputy Commissioner on Aging and Coordinator of the Conference, served as narrator.

Trigger Films

A series of five brief dramatizations of situations common to older people were designed to provoke (trigger) thoughtful discussion. The films are in color and vary in length from 1 minute 4 seconds to 4 minutes 10 seconds.[1] Each State agency on aging was supplied with a print of these films along with a suggestion that they be used at the opening session of the State White House Conference on Aging.

Multi-Media Presentation

Produced especially for the White House Conference on Aging, a multi-media presentation, in a series of dramatic sequences interspersed with film, slides, and music, depicted the problem of being old in a young society.[2] Some successful and some unsuccessful attempts at resolving the problems of older people were shown with the intent of providing an overview of aging as a backdrop against which the work of the Sections would take place. The presentation was produced by Eli Productions and The Design Center, Washington, D.C., with the assistance of an Advisory Committee made up of representatives of the Department of Health, Education, and Welfare and the White House Conference on Aging staff.[3]

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[1] The Trigger Films can be purchased from the University of Michigan Television Center, 310 Maynard Street, Ann Arbor, Michigan 48108.

[2] Five films from the Multi-Media Presentation are available for loan or purchase through the General Services Administration, National Archives and Records Center, National Audiovisual Center, Washington, D.C. 20409.

[3] The persons who served on the Advisory Committee are identified in Appendix F.

Materials Prepared by Federal Department for the White House Conference on Aging

The Employment Problems of Older Workers. U.S. Department of Labor, Bureau of Labor Statistics, Washington, D.C.: Superintendent of Documents, Government Printing Office.

Housing: 1971 White House Conference on Aging. U.S. Department of Housing and Urban Development, Washington, D.C.: Superintendent of Documents, Government Printing Office.

Facts and Figures on Older Americans: An Overview for the Delegates to the White House Conference on Aging, 1971. U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Administration on Aging, Washington, D.C.: U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Publication 72-20005.

Health in the Later Years of Life. U.S. Department of Health, Education, and Welfare, Public Health Service, Health Services and Mental Health Administration, National Center for Health Statistics, Washington, D. C.: Superintendent of Documents, Government Printing Office.

1971 White House Conference on Aging First Reader: Plan and Schedule for a Three-year Conference on Aging. U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Administration on Aging, Washington, D.C. AoA Publication No. 147.

1971 White House Conference on Aging Second Reader: Invitation to Design a World. U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Administration on Aging, Washington, D.C. AoA Publication No. 148—winner, First Prize, Federal Editors Blue Pencil Award.

PART 2

Action At Community and State Levels

The State Agency on Aging

At the time of the first White House Conference on Aging in 1961, few State Offices on Aging had been established. In 1971, largely as a result of the passage of the Older Americans Act, each of the 50 States, as wel as the District of Columbia, American Samoa, Guam, Puerto Rico, the Virgin Islands, and the Pacific Trust Territories, had Offices on Aging.[1]

These State agencies played a major role in the preparation for the 1971 White House Conference on Aging. The Chief Executive of each of the 56 jurisdictions was informed of the overall Conference plan and the job that the public sector at the State level would be expected to undertake. He was asked to designate an agency within the State government to coordinate White House Conference activities within his jurisdiction. In all instances the State units on aging were asked to take on this responsibility.

The State had four major responsibilities in preparation for the White House Conference on Aging: (1) surveying the jurisdiction's older population, (2) training leadership for the Forums and for the community and State conferences, (3) organizing community conferences on aging, and (4) holding state conferences. Although the manner and extent of preparation for the different conference activities varied among the jurisdiction, each of the 56 was successful in holding both Older American Forums and community conferences on aging; and 54 jurisdictions held State conferences.

Survey of the State's Older People

The 1969 amendments to the Older Americans Act gave the States specific responsibility for statewide planning, coordination, and evaluation of the various programs and services available within their respective States for their older citizens.

Under the plans for implementation of this amendment, each State was required to make a comprehensive study of the income, health, housing, social, and other significant conditions of its older population.

Many States completed their studies in time for the findings to become an important source of information for participants in the State conferences. Equipped with this type of factual information, the States were able to formulate realistic proposals for their own immediate action as well as recommendations for needed policies to be implemented at the national level.

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[1] For purposes of this report, all jurisdictions (State, the District of Columbia, and the territorial units) will generally be referred to as States.

Training for Community Forums and Conferences

Citizen leadership was to bear the responsibility for planning and conducting the Older American Forums, and the community White House Conferences. They were also to take major roles in conducting the State conferences. Careful training of these leaders, most of whom were not professionals in aging, was therefore an essential part of the preparatory phases of the work of the State agencies on aging.

To prepare the State Agencies on Aging for their responsibilities in planning the Forums, regional briefing meetings were held to cover: (1) the organization and conduct of the Forums; (2) the enlistment of local public and private agencies in organizing and staffing the Forums; and (3) the essentials of reporting to the States the findings and results. The State agencies then formed and trained local community committees to take leadership roles in implementing the plans for Forums.

Training for the community and State White House Conferences on Aging was provided at two levels. At the first level, the White House Conference on Aging staff held training meetings, arranged by the Federal regional offices on aging, for the personnel of State agencies on aging. The agencies, in turn, trained the local committees responsible for the community White House Conferences on Aging.

The training sessions for both the State agency directors and community committees concentrated on explaining the nature of the policy formulation process upon which the substantive output of the conference would be based. If the recommendations coming from hundreds of community conferences (and later from State conferences) were to be successfully consolidated, it was necessary to have a common understanding of the process and to follow the same method of formulating policy recommendations in all conferences.

The training materials therefore directed attention to: the rationale for focusing on major policy recommendations, as distinguished from narrow program refinements or distant, idealized goals; the process of arriving at policy proposals through the weighing of alternative resolutions to those issues identified by the Technical Committee or considered by the Conference Sections on their own initiative; and the need to evaluate each recommended policy against such criteria as its relevance, feasibility, clarity, salience, prospects for adoption, and consistency with social values.

The agenda of all the training sessions devoted the morning to an overall look at the conference process, the afternoon to a simulation exercise in developing a policy proposal in the area of retirement by a model conference work group. This extensive training program was an important factor in achieving the consistency and efficiency required for the broad involvement which characterizes the three year effort of the White House Conference on Aging.

Older Americans White House Forums

More than 6,000 Older Americans White House Forums, with over 500,000 participants, were held in communities in 50 States and several of the Territories. In order to achieve a maximum impact, most of the meetings were scheduled during the week of September 20; yet by year's end, Forums were still being held in some States as more and more communities asked to be involved in the White House Conference activity.

Each community electing to sponsor an Older Americans Forum so notified the State agency. A local community was then established and the leadership given appropriate training for their roles as described in the previous section.

Two objectives guided the planning and the conduct of the Older Americans Forums.

(1) To form a national network of community meetings, where older citizens would have the opportunity to speak out and be heard on what they considered their basic needs, and on what ought to be done to meet those needs.

(2) To increase public awareness of the problems faced by older people, and the potential they possess to tackle those problems if given the means.

Participation in the Forums depended, of course, upon whether one had the time, means, and inclination to attend. Nonetheless, the participants did represent a wide array of racial, ethnic, economic, and religious groups and they came from all types of urban, suburban, and rural settings.

The Forums were of varied size. Many were held on a neighborhood basis and were attended by small numbers of people. Others were conducted for larger areas such as counties or legislative districts.

The locale of individual Forums was equally varied. Meetings were held in senior centers, civic auditoriums, fraternal and service clubs buildings, churches and synagogues, individual homes, professional office suites, public housing projects, nursing homes, retirement villages, tribal houses on Indian reservations and schools.

The typical Forum agenda consisted of: an introductory plenary session; the delivery of a short questionnaire to each older person which asked about his or her needs in several areas; workshop discussion directed toward a panel of "listeners" who were in a position to initiate responsive action, i.e., local, State, and national legislators, executive officials, providers of services, and other community leaders; and a final plenary session to choose priorities among the concerns expressed by older people. At the close of the Forums, report of the findings were filed with the State agencies.

An important part of the Forum activity was local media coverage. Clippings sent in by communities and States indicated broad coverage in newspapers of all sizes. Reports also showed good coverage by both commercial and educational radio and television. This was important in acquainting the general public with the needs of older people and with the 1971 Conference.

Since the Forums were regarded as the foundation for community, State, and national White House Conferences, it was necessary to register how older persons taking part perceived themselves and their needs. Two principal methods were used. One method was implicit in the very concept of the Forum, namely, older persons were provided the opportunity to voice their concerns during the work group discussion and to vote on their most pressing needs at the final plenary session. Arrangements were made for Forum recorders to note the major points of the discussions and to report the voting on important needs in order of priority to State agencies for further use. Through this form of hearings and and testimony, older Americans issues a clarian call for major policy advances in such critical areas as income, health, care, housing, and transportation.

The second, and more systematic, way of registering older persons' opinions was through a questionnaire addressed to their specific needs. By filling out the questionnaire, participants were able to express their concerns whether or not they joined in the Forum discussions. Written in both English and Spanish, the questionnaire was prepared by the Institute for Interdisciplinary Studies, Minneapolis, Minnesota.

The questionnaire included items on transportation, legal, medical, and financial problems; living conditions; food; geographical location; social activities; and life satisfaction.

Information was also collected on age, sex, education, and income in order to provide a basis for assessing the relationships of needs and problems to these characteristics of the elderly.

The Institute for Interdisciplinary Studies processed and analyzed a total of 194,000 questionnaires, additional thousands have been received too late for inclusion in the sample. A preliminary report was made in April 1971 and became available to States for use in planning their White

House Conferences on Aging. The Institute also prepared a final report, *Older Americans Speak To The Nation,* a summary of which was distributed to Delegates attending the White House Conference on Aging.[1]

The major results of the questionnaire as analyzed and presented by the Institute are reported here because of their importance in shaping the thinking of Delegates to the State and National Conference.[2]

QUESTIONNAIRE RESULTS

Living Situation. The majority of the elderly respondents either lived alone or with their spouse, although a disproportionately high percentage in relation to the number in the general population lived in a retirement or nursing home. Half of the respondents owned the place where they lived and were thus responsible for maintenance of the premises.

Financial. Slightly more than half of the respondents had difficulty in making ends meet. While more than one-third had difficulty in paying for their housing. Nearly two-thirds of the respondents did not have sufficient means for "little extras."

Retirement and Employment. The majority of respondents were retired. Of those individuals not retired, nearly one-half said they would like to be. Eighteen percent of the respondents were working either full- or part-time. Of those individuals not working, slightly more than one-quarter would have liked to be working.

Medical-Dental. One-quarter of the respondents felt that they had an unattended health problem. About a fourth felt that they could not receive medical or dental services whenever they needed them. Nearly half of the respondents had incurred medical expenses during the previous month and twelve percent had incurred dental expenses.

Social Activities. Less than one-half of the respondents used a senior citizen center. Of those who did not, slightly less than half wanted to use one. Similar response rates were shown for individuals belonging to or desiring to belong to an organization for retired persons.

Life Satisfaction. Twenty-two percent of the respondents felt unwanted and 17 percent felt that they had nothing left to live for. The majority of respondents were happy in the neighborhood where they lived.

Food. The majority of respondents felt that they had enough money to buy the food they liked, although one-third felt that food is packed in too large amounts for their use. The majority of respondents cooked for themselves, and slightly more than one-third ate alone.

Transportation. Nearly one-third of the respondents indicated that they had transportation difficulties; primarily because of lack of public transportation, or of a car or inability to drive.

Legal. Less than 20 percent of the respondents needed legal assistance in the previous year. The majority of respondents, however, felt that the elderly generally need legal advice about making and probating a will. Slightly less than half felt that the elderly need legal advice about guardianship. Six percent of the respondents perceived themselves as having been victims of consumer fraud in the previous year.

There was scarcely a problem or concern reported by older people at their Forums, or revealed by the questionnaire, that was not responded to by recommendations made by community, State, and the national conferences. This process of calling upon the older people to produce these important components of the 1971 White House Conference on Aging, coupled with their continuing involvement in every stage of the Conference, infused Conference discussions with meaning and timeliness, and provided a touchstone for action on Conference policy recommendations.

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[1] In its report, the Institute of Interdisciplinary Studies acknowledges some limitations inherent in the data. Perhaps the major difficulty was that: "The responses to the survey are not based upon a random sample of elderly throughout the nation, which makes generalization of responses as encompassing perceptions of all elderly somewhat tenuous. While the sample of individuals over 65 years of age was representative of all elderly by age, 24% of all respondents were under 65 years of age. The sample was better educated than the general population of elderly, yet it had a lower level of income. Additionally, the same represented a disproportionate number of females, people living in institutions, and people living alone."

[2] Copies of the full report can be obtained from the Institute for Interdisciplinary Studies, 123 East Grant Street, Minneapolis, Minnesota 55403.

Community White House Conferences on Aging

From February through April 1971, the 56 State jurisdictions held more than 500 local conferences on aging. As was the case with the Older American Forums, any community so wishing could, by notifying the State agency on Aging, hold a White House Conference on Aging. Some chapters of national organizations of older people were also authorized by the State agencies to hold community conferences.

The community conferences were planned by local committees which included community leaders who represented local organizations and senior citizens groups, as well as program planners or lay persons interested in the problems of the aged.

In most cases these committees had already conducted the earlier Forums and, therefore, had some of the necessary experience to perform the many difficult conference tasks. Other members were added to the committees as needed to guarantee that a sufficient number of knowledgeable persons were included for as many of the subject-matter areas as possible.

The community conference committees were responsible for setting the date of the local conference, enlisting and training leaders, inviting participants and assigning them to subject-matter work sessions[1] according to interest and expertise. Here, as in all other aspects of conference activity, substantial effort was made to include persons of all income levels, and of racial, ethnic, and religious groups.

In order that participants could prepare for their tasks in the community conferences, two pieces of literature were distributed to them, if possible, before the date of each conference. One was a leaflet titled, *"So You Are To Be A Participant In A Community White House Conference on Aging,"* which provided relevant background information; the other was the *Work Book for Participants in Community White House Conferences on Aging* in the subject area to which each was assigned.

It was suggested that the program of the community conferences include registration, followed by an opening plenary session at which the conference task was explained and emphasis placed on the fact that the position the participants took would become the grist out of which a national policy on aging would emerge.

The participants would then assemble in work sessions according to their subject area assignments to formulate position statements or recommendations on each issue. A final plenary session was to be held for the purpose of hearing the recommendations proposed by each of the work sessions.

A final report of each of the community conferences was to be prepared on special forms provided for that purpose. The final reports were to be transmitted to the State agency on Aging where the recommendations were to be organized for use at the State conference.

In order to convert these raw materials from the community conferences into usable form for the State conferences, each State agency on aging organized task forces of specialists for each of the nine Needs Areas.

The task forces reviewed all of the policy recommendations in a particular subject area received from the various community conferences, consolidated recommendations that were not substantially different, while carefully preserving new or creative ideas, and worded the policy recommendations to be considered by the participants in the State conference.

Thus, the development of a national policy on aging, as was appropriate, began at the grassroots level. The community conferences originated most of the policy recommendations which bear the stamp of the 1971 White House Conference on Aging.

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[1] Most Community Conferences dealt only with the nine Needs Areas.

State White House Conferences on Aging

By early spring, 1971, the preparation for the State White House Conferences on Aging was completed. As Aaron M. Wiesen, Chairman of the Ohio State Conference, told the Ohio conferees, "Part of the race has been run—meaning, of course, the numerous White House Community Forums held throughout the State last September, the Community Conferences held in selected regions this spring, and the work of the 17 Task Forces writing preliminary recommendations. Now comes the 'moment of truth': final preparation of the recommendations which the Ohio Delegates will take to Washington, D.C., as our State's contribution to the White House Conference on Aging. . . Not only will our ideas be useful at the White House Conference on Aging, they will also be heard throughout the State—in the press, at all levels of local government, and in the State Legislature. For certainly not all problems can be solved at the national level. . . Through this [State] meeting, the needs of Ohio's 'one million strong' will be articulated."

Mr. Wiesen thus summarized the preparatory phases and emphasized the extraordinary importance of the State White House Conferences on Aging. He reflected the sentiments of all States and projected what could be anticipated as continuing State involvement in improving the quality of life of their older citizens.

Responsibility for organizing and holding the State Conferences was given to the State agencies on aging. The meetings were scheduled in the period April to July 1971 in order to conform to the overall preparation plans for the national meeting in November.

The Governors were asked to appoint the participants to the State conferences according to the following formula proposed by the National Conference Planning Board.

Middle-aged and older people	45%
Providers of services	35%
Specialists in aging	10%
Decision-makers	5%
Youth	5%

Many of the State Conferences included observers as well as the officially appointed participants.

The leadership for each Conference was appointed and trained by the State agencies. Copies of the materials prepared by task forces and the *Work Book,* containing the issues identified by the technical committees, were also distributed to the participants by the State Agencies. Whenever possible, these materials were sent to the participants prior to the conference so that they might be prepared.

Table 1

NUMBER OF STATES REPORTING RECOMMENDATIONS BY SUBJECT MATTER AREA

(N = 54 Jurisdictions)

	Number of States			Number	
9 Needs Areas	Included	Omitted	5 Needs-Meeting Areas	Included	Omitted
Education	52	2	Facilities, Programs, and Services	32	22
Employment/Retirement	53	1	Government/Non-Govt. Organization	35	19
Physical and Mental Health	54	0	Planning	35	19
Housing	53	1	Research and Demonstration	35	19
Income	53	1	Training	37	17
Nutrition	54	0			
Retirement Roles and Activities	52	2			
Spiritual Well-Being	51	3			
Transportation	54	0			

28 jurisdictions included all 14 subject areas
2 jurisdictions included all 13 subject areas
2 jurisdictions included all 12 subject areas
5 jurisdictions included all 11 subject areas
5 jurisdictions included all 10 subject areas

49 jurisdictions included all 9 needs areas
1 jurisdiction included all 8 needs areas
3 jurisdictions included all 7 needs areas
1 jurisdiction included all 6 needs areas

The programs of the State conferences generally, but not always, consisted of plenary sessions and small work-group sections organized around the subject areas. The States gave primary consideration to the nine Needs Areas but, most also included one or more of the five Needs Meeting Areas as shown in Table 1.

Many of the States went beyond discussion of the issues of national policy and gave attention to what action could be taken immediately by their communities, the State, and various organizations to improve the situation of their elderly populations.

In the small work groups, each of the issues and recommendations in a particular subject area was handled singly. A work group reviewed the various proposals that responded to one issue and, through discussion and ballot, determined its recommendation for a national policy before moving to a second issue. This process was repeated until all of the identified issues had been considered and both majority and minority positions recorded. With this portion of their work completed, the participants turned their attention to issues other than those identified by the technical committees or to proposals for program recommendations.

The programs ended with a general session at which the recommendations developed by each conference work group were reported to the total participant body, and put to a vote for adoption. In some instances reports were voted on in work group sections but not by the full conference.

The States were asked to submit on a special form each proposal in the exact working in which it was adopted. They were also asked to indicate the extent of the support that each proposal received (majority or minority proposal) and to which issue the proposal was addressed.

The State conference reports were to be received at the National Conference office within 10 working days after the close of the conference. The recommendations of 54 jurisdictions were submitted in time to be included in the technical committees' consolidation of State conference and National Organization Task Force reports.

Altogether, 38,297 persons were reported by 53 jurisdictions to have attended the State conferences. Of this number, 57.4 percent were in the middle and older aged group as compared to the 45 percent recommended by the National Conference Board. The size and active involvement of this consumer group gives further credence to the responsiveness of the State conference recommendations to the needs and wishes of older people.

Table 2

STATE CONFERENCE PARTICIPANTS

53 JURISDICTIONS

Participant Groups	Number	Percent
Middle Aged and Older People	21,992	57.4
Providers of Services, Specialists, Decision-Makers *	14,993	39.1
Youth	1,312	3.4
Total	38,297	99.9

* These three groups are combined because some jurisdictions did not report them separately.

Activities of National Organizations

The 1971 White House Conference on Aging was instructed to address its recommendations not only to government at all levels but to the private and voluntary sectors as well. Their active involvement in the Conference process would be instrumental to the development of sound policy proposals, and to generating broad public support for translating such proposals into action.

The national organizations with a concern for aging had been a vital part of the 1961 White House Conference on Aging, but they had not had opportunity to participate in an organized fashion in providing content for that conference. To make possible their active participation in the pre-conference planning for the 1971 Conference, the leaders of 300 national organizations were invited to a planning meeting which was held in Washington, July 1970.

These organizations were widely representative of the following groups:

- Membership organizations of older people
- Professional and scientific associations
- Business, consumer, and labor organizations
- Religious, fraternal, social, service, and community action organizations
- National Association of State Units on Aging

More than 200 persons attended the Washington meeting. They pledged themselves to assist the Conference in three major ways by:

1. Providing lists of regional and State leaders for involvement in State and community conferences
2. Submitting position papers for use of Technical Committees and authors of the *Background and Issues* papers.
3. Establishing task forces to recommend proposals for developing a national policy in aging in the nine Needs Areas.

The major contribution of the participating national organizations to the preparation for the National Conference was the development of policy recommendations for each of the nine Needs Areas. A National Organization Task Force was set up for each area. Altogether, 543 persons representing 293 national organizations were distributed among the nine task forces.

To assist the task forces in their work, and to insure that their recommendations were prepared in the same form as those generated by State conferences, they were provided copies of a *Technical Guide for National Organizations* and the appropriate *Background and Issues* paper.

At 2-day meetings in May 1971, the task forces approved sets of policy proposals which were subsequently forwarded to Washington for consolidation with the State recommendations by the technical committees. Representatives of the task forces met with the technical committees to ensure that full consideration was given to the recommendations of the National Organization Task Forces. In addition, the organizations themselves were asked to comment on the task force findings and submit any additional materials relevant to the subject.

The national organization participation in the 1971 White House Conference continued with the involvement of more than 700 representatives named by them to be Delegates to the National Conference. They constituted a significant proportion of the professionals among the Delegate body. They were assigned to both the Needs and Needs Meeting Sections.

Regional White House Conference on Aging Hearings

In October 1970, John Martin, Director of the Conference, invited the chairman of each of the 10 Federal Regional Councils to sponsor a Regional Hearing on Aging in his respective region. The invitations were accepted and plans were made for the hearings to be held during the early months of 1971.

Three purposes of the hearings were defined as follows:

- To provide an opportunity for input into the White House Conference on Aging from representatives of government and non-government at the regional, State and local levels.
- To give greater visibility on the regional level to the needs of older persons.
- To provide an extra dimension of available data for the Technical Committees preparing background information for the White House Conference on Aging in November 1971.

Flexibility was allowed each region to select the topic considered most appropriate for the region. Those selected were:

Region I (Boston) "Health Services—Intermediate and Long-Term Care"

Region II (New York) "How to Meet the Needs of the Elderly in a Variety of Housing Situations"

Region III (Philadelphia) "Methods to Improve the Income of Older Minority Groups"

Region IV (Atlanta) "Roles and Activities of Older Persons"

Region V (Chicago) "Health Maintenance"

Region VI (Dallas) "Needs and Problems of Older Mexican-Americans"

Region VII (Kansas City) "Rural Transportation"

Region VIII (Denver) "Education for the Elderly"

Region IX (San Francisco) Report from States

Region X (Seattle) Report from States.

Mr. Martin or Mr. Atwell opened each hearing with a "Report to the Region" which related the programs of the White House Conference on Aging across the Nation to the region in which the hearing was being held. Testimony was heard by the members of the Regional Federal Council. It was given by officials of regional, State, and local government and representatives from various organizations and agencies concerned with older people. This testimony, along with written testimony submitted by others, became the official record of the hearing. These constituted important background materials for the National Conference as well as providing opportunity to examine in depth some of the unique problems found by elderly persons in various parts of the country.

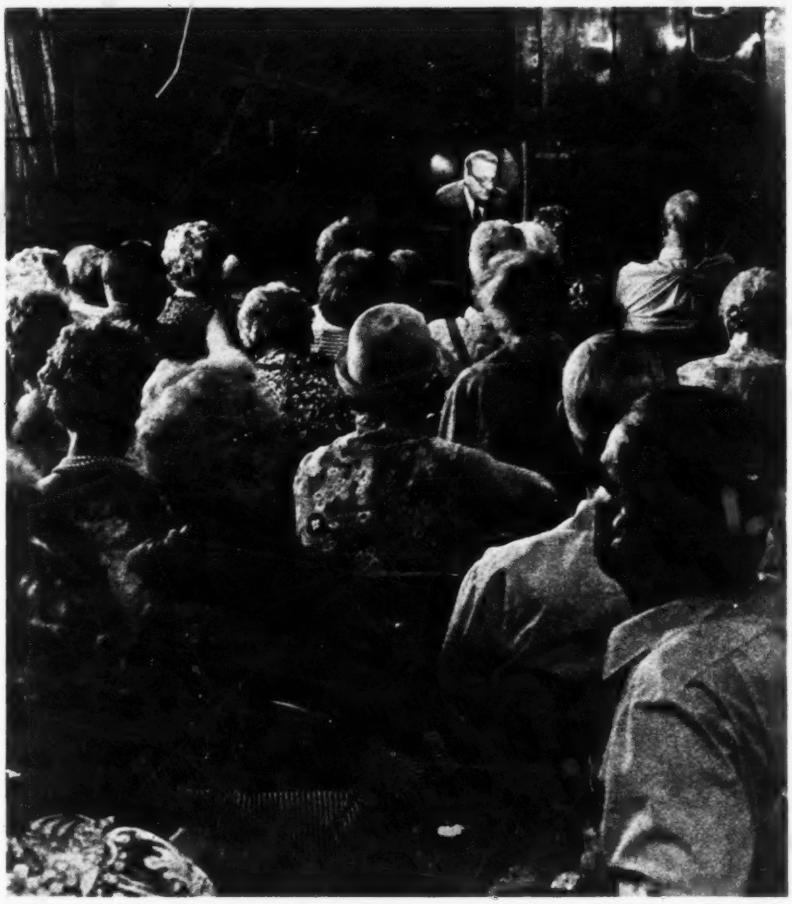
Conference Flow Chart

Flow chart, pages 88-89, provides a summary and time scale of these elements which went into the making of the 1971 White House Conference on Aging.

Beginning with the older people speaking out followed by the mobilization of specialists and the involvement of a broad representation of citizens in various action-taking meetings, the Conference preparation culminated in the summer of 1971 with the consolidation of the recommendations from all sources for use of the Delegates at the National Conference in November-December.

PART 3

The National Conference in Preparation



Establishing a National Climate of Action

By January 1971, the preparatory phases of planning, appointment of committees, development of background papers and instructional materials had been completed. What remained to be done at the national level during the 11 months preceding the Conference was to implement the plans and prepare the details of the National Conference.

When the Conference planning began in early 1970, there was a public concern that aging was no longer a Federal government priority. This strongly held belief heightened the sensitivities of national organizations of older people, professional groups and responsible public bodies leading them to question whether indeed the White House Conference on Aging was a sincere effort to improve the circumstances of the older population. As a result of the widespread dissatisfaction, criticism of the Conference was quick to generate. Those critical of the Conference maintained that it was being used for political purposes, that the Conference outcome was being controlled through rigid structuring of its subject matter, and that there was little evidence of intent to seek action in time to benefit the present generation of old people.

Such a chill climate gave small promise that a great national meeting intended to advance the quality of life for all older Americans would reach a full and fruitful maturity. What was needed was a change in the climate from one of negative reaction to one of positive action—action already underway before the Delegates convened in Washington in November.

The immediate need was to augment the White House Conference on Aging staff with a fulltime chairman who would work closely with the Conference director in carrying forward the Conference plans. To this end, the President named Arthur S. Flemming as Conference Chairman.

Without changing the main Conference purpose of moving toward the development of a national policy on aging, Mr. Flemming moved quickly to bring about a greater understanding of the Conference and its goal of formulating policies for immediate feasible action—the definition of a policy already adopted for the use of the Conference.

State and regional groups across the country were urged to expand existing programs and to initiate new ones without waiting for the final decisions of the Conference. It was important for the National Conference Delegates to feel that they were participating in a movement already well underway and to have the need for action uppermost in their minds when they spelled out their hopes and aspirations in formulating recommendations for national policy and in planning the implementation of them.

By October, when States reported what actions had been stimulated, they were able to give dozens of examples, such as an increased variety of services to the elderly, the formation of many new community councils and commissions on aging, the enactment of various legislative measures that were in line with the State Conference recommendations, new starts on housing for the elderly, and special transportation programs tailored to the needs of the elderly.

To stimulate additional pre-Conference action and to identify any weaknesses in the National Conference effort, a series of ten regional meetings were held. In each region the meeting included the members of the Federal Regional Council, the chairmen of the State conferences on aging, the directors of the State units on aging, and members of the national organizations of older people.

During the late spring and summer of 1971 several important steps were taken to initiate action within the Executive Branch of the Federal Government. The President named a Cabinet-level Committee on Aging within the Domestic Council. In doing so he pointed out the "need to develop a comprehensive national policy with specific action to provide greater opportunities for this nation's 20 million older people to improve the quality, dignity and productivity of their life."

The Department of Health, Education, and Welfare appointed a special assistant on nursing homes and began a vigorous program to improve the substandard nursing homes of the Nation. In May, the Secretary, in anticipation of increased government responsibilities in aging following the Conference, asked that a citizen task force be named to examine alternative plans of governmental organization for aging and to prepare an interim report of its recommendations for the Delegates to the White House Conference on Aging.

Having stirred pre-Conference action and new enthusiasm for aging at community, State, regional, and Federal levels, Mr. Flemming responded to the mutually expressed wishes of the voluntary organizations and governmental agencies for the post-Conference continuation of the close working relationship that had been generated through their cooperative preparation for the White House Conference on Aging. "A Plan for Action" was launched at a meeting of representatives of 175 national organizations in the fall of 1971. Primed for action, this group had, by the time of the National Conference in November, already taken steps to establish an ongoing organization and had launched its first program, the ultimate goal of which is to make home services available and accessible as needed to older people wherever they live.

Although only a small fraction of the nearly one million persons who had a "piece of the action" in preparing for the White House Conference on Aging, could attend the national meeting, they were already busy in their own spheres and prepared to put into immediate action the recommendations of the national Delegates. And because the Delegates returned home with copies of all the proposals made at the national meeting, post-conference action at the local, State, and regional levels proceeded without a break in time or even a hesitation.

Consolidation of Recommendations

During July and August of 1971, the 14 Technical Committees were each convened for a second meeting. The purpose was to prepare a clear, succinct consolidation of the policy recommendations which had been produced by State White House Conferences on Aging and by the National Organization Task Forces.

To assist the Technical Committees, the Secretariat for each Committee undertook a preliminary consolidation of the State and task force proposals following the guidelines adopted by the Conference Planning Board.

The Technical Committees were asked to report significant refinements or variations of any recommendation. Proposals addressed to matters other than those represented by the issues which had been developed by the Technical Committee were also to be synthesized and reported for the consideration of Delegates to the National Conference. To be reported, however, such proposals were to have been given majority approval by five or more States or by fewer than five if such States comprised 10 or more percent of the 65 and over population. Exceptions to this rule were made in cases where proposals were particularly striking or innovative in nature.

To facilitate the use of the consolidated recommendations as a working tool for Delegates, the Technical Committees often included with the recommendations comments which they considered pertinent to discussions of the issues involved. In some cases, for example, the Technical Committee concluded that the original issue had not been well phrased and suggested a restatement to clarify it. In other instances, the Technical Committee suggested additional issues or points it believed should be considered by the Delegates.

To assist Delegates in their task, program suggestions included in the recommendations of the States and national organizations were also reported when such proposals set forth action steps which might be taken to implement proposed policies.

Having final responsibility for the consolidation of the recommendations, the Technical Committees sought to develop statements which were as faithful as possible to the expression and intent of the States and national organization task forces.

Observers named by the national organization task forces and the National Association of State Units on Aging attended the meetings of the Technical Committees to ensure that equal consideration was accorded to all recommendations. When the consolidated proposal statements were agreed upon, they were incorporated within the *Delegate Work Books* which were to be used at the National Conference.

Categories of Conference Participants

In addition to preparing materials and finalizing the organizational plans and procedures for the National Conference, during the several months prior to the 1971 White House Conference on Aging, the Conference staff was actively engaged in the process of identifying what was the essential Conference ingredient—participants. These participants, in all numbering over 4,500, included:

Delegates, nominated by several sources, who were the only Conference participants to hold voting privileges.

Observers, representatives from various sectors identified as holding some special interest in work and objectives of the Conference. Observers participated with the same rights and privileges of Delegates except they lacked the right to vote.

Guests included all Governors and Members of Congress, or their personal representatives. Also invited as Guests were decision-makers in the Executive Branch of the Federal Government, and special persons invited by the Conference.

Staff consisted of the White House Conference on Aging personnel, complemented by Federal personnel drawn from the various departments and agencies involved in programs for the aging.

DELEGATES

Nearly 3,600 Delegates were expected to attend the national meeting, including:

Conference Planners	324
State Delegates	1,750
Youth Delegates	112
State Agency on Aging Representatives	99
National Organization Delegates	737
Office of Economic Opportunity Advisory Committee Members	15
Delegates-at-large	537

Conference Planners. Persons named by the Secretary of Health, Education, and Welfare to serve on the Conference Planning Board or as members of the Technical Committees, automatically assumed Delegate status. Such status was granted to authors of the *Background and Issues* papers, consultants to the Technical Committees, and to Section Co-Chairmen who did not already possess Delegate credentials. All these persons were classified as representing the States in which they resided, but they did not count against the State quotas.

State Delegates. Each State, Territory, and the District of Columbia was allotted a minimum of 14 and a maximum of 125 Delegates, based on the size of their respective older populations in the 1970 census.[1]

At the request of the Secretary of Health, Education, and Welfare, Governors of the States and Territories, and the Mayor-Commissioner of Washington, D.C., nominated Delegates. Each Governor was asked to name his State quota, and to provide a list of alternates equal to one-half of the quota, to be drawn from in cases of duplicate nominations or declinations of the President's invitation.

In their Delegate selection, the Governors were requested to consider the following criteria adopted by the Planning Board:

- That the diversity of population in each State be reflected in the composition of the State Delegates, and that due recognition be given to ethnic, minority, and economically disadvantaged groups of older persons in each State population.
- That Delegates be selected on the basis of demonstrated interest, personal effectiveness and leadership in the field of aging, with special weight being given those who participated in local and State conferences, studies, and other activities preparatory to the White House Conference on Aging, and who best represent the points of view of the participants in those preparatory activities in the States.
- That a wide interest in programs for persons be favored over specialized or exclusive interests.
- That the individual's capacity to undertake followup action in his State and community, subsequent to the National Conference and his leadership potential be given weight. Insofar as possible, State legislators with responsibility for matters affecting the aged should be considered.
- That the delegation as a whole provide representation from rural, small town, and metropolitan areas and from all age groups, especially older persons.
- That the delegation from each State should, insofar as feasible, include persons assigned to a Section within each of the subject matter groups, in order that the State may have broad coverage at the Conference.
- That persons with a professional identification in the field of aging should not exceed one out of every four Delegates appointed by the States. Persons may be regarded as "professionally identified" with the field of aging if more than 50 percent of time for which they receive compensation is devoted to programs or services to the aging.

Youth Delegates. Each Governor was invited to name two Youth Delegates. To guide the selection of these youths several specific criteria were offered.

- That the Youth Delegates be within the ages of 17 and 24 years at the time of the Conference.
- That attention be given to including youth from ethnic, minority and economically disadvantaged groups.
- That formal affiliation with a national youth organization not be a requirement for nomination.

State Agency on Aging Representatives. Each State agency on aging was allotted two Delegate positions, one each for the executive director of the agency and its chairman. These Delegate slots were utilized if the individuals involved did not already have Delegate status under some other category.

National Organization Delegates. A total of 347 national organizations named Delegates to attend the Conference. Organizations which had participated in the preparatory work of the National Organization Task Forces, were each allotted two Delegates. Organizations which had expressed interest in the Conference, but which had not participated in the task forces, were allowed to name one Delegate. Nine membership organizations of older people were granted 10 additional Delegates positions. The four largest national organizations of older persons—the

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[1] The 56 jurisdictions which named State Delegates including the 50 States, the District of Columbia, American Samoa, Guam, the Commonwealth of Puerto Rico, the Trust Territories of the Pacific, and the Virgin Islands.

American Association of Retired Persons, the National Retired Teachers Association, the National Council of Senior Citizens, and the National Association of Retired Federal Employees—were each invited to name an additional 14.

Formal criteria were not established for National Organization Delegates, although it was assumed that persons nominated would possess some specialized knowledge, skill, or interest in the subject area Section to which the naming organization requested assignment. Organizations which were presented the opportunity to name additional Delegates were asked to give special attention to ethnic, minority, and economically disadvantaged groups of older persons.

OEO Advisory Committee. Members of the Older Persons Advisory Committee to the Office of Economic Opportunity, who were not accredited as Delegates in other categories, were granted special Delegate status.

Delegates-at-large. It was recognized that with the quotas prescribed for Delegate selection, some particularly qualified individuals would not be named. To make compensation for this, and to insure that there would be among the Delegates appropriate representation from special population groups, the President designated Delegates-at-large. These Delegates were not named, however, until all other Delegate appointments had been completed and analyzed.

OBSERVERS

Foreign Observers. The majority of the Foreign Observers were persons invited by the Social and Rehabilitation Service (Department of Health, Education, and Welfare) and the Gerontological Society to participate in an International Gerontology Research Symposium. The White House Conference and the Research Symposium were scheduled concurrently and participation in the Conference was part of the Symposium program. Additional Foreign Observers invited to participate in the Conference included persons internationally active in the field of aging and professionals invited at the special request of their governments.

Faculty-Student Observers. Teachers and students of aging, representing over 50 programs offering training in gerontology, were invited to attend the Conference.

Aging Program Directors. Two programs offering community service employment opportunities to older persons were invited to name Observers. The Foster Grandparent Program sent its project directors. The Senior Aides, operating under an agreement between the National Council of Senior Citizens, Inc., and the Department of Labor, designated directors of its programs to attend.

Federal-Regional Personnel. The Regional Commissioners of the Social and Rehabilitation Service and the members of the Federal Regional Councils were invited Observers. The Federal Regional Councils embody an inter-departmental approach to ameliorating social problems and are composed of representatives from the Departments of Housing and Urban Development, Transportation, Labor, and Health, Education, and Welfare, and the Office of Economic Opportunity.

Conference Format

Responsibility for the format of the National Conference rested with staff, guided by the actions of the Conference Board and its Committee on Program and Procedures.

The adopted format included *General Sessions* for all Conference participants or for special groupings of them; and two types of work sessions —*Subject Area Sections and Subsections* for participants assigned to them and *Special Concerns Sessions* which participants could attend as they chose. Chart 1 sets forth the events scheduled over the 4½-day Conference period.

Chart 1

CONFERENCE FORMAT

	MORNING	AFTERNOON	EVENING
SUNDAY	Registration	Registration	General Session Opening the Conference
MONDAY	Section Meetings 1 (Orientation) Subsection Meetings 1	Subsection Meetings 2	Open Forum
TUESDAY	Subsection Meetings 3	Subsection Meetings 4	Subsection Meetings 5 (if needed) and Policy Drafting Committee Meetings
WEDNESDAY	Special Concerns Sessions and Policy Coordinating Committee Meetings	Section Meetings II (Adoption of Recommendations)	Section Meetings II (Continued if needed) and Preparation of Final Report
THURSDAY	General Session Closing the Conference		

GENERAL SESSIONS

There were three general sessions planned for all Conference participants. The *Opening Session* was designed to provide opportunity to welcome the Delegates and to instruct them in their Conference tasks. For this Session, a multi-media presentation was developed to present a vivid illustration of the circumstances of today's older people and of the various attitudes society holds toward them.

The second general session was an *Open Forum.* Convened in the evening of the first full day of the Conference, this session was arranged to give special groups and organizations a forum from which to present their points of view early enough in the Conference period to influence the deliberations of the Delegates in their working sessions.

The *Closing Session* of the Conference was intended to bring together all the Conference participants to hear an address by the President of the United States and a challenge to post-Conference action by the Conference Chairman. In addition to these general sessions for all Delegates, *Conference Luncheon Meetings* were organized for groups of Sections to provide opportunity for Delegates to hear firsthand the views of major Federal officials and members of Congress on current problems of older people and pending legislative thrusts on their behalf.

SUBJECT AREA SECTIONS AND SUBSECTIONS

The Sections. The Conference program was organized into 14 working Sections according to the nine Needs Areas and five Needs Meeting Areas. Each Section met twice in plenary sessions. The first meeting allowed for a task-setting orientation before the Section divided into Subsections where it was that recommendations would be developed. In its second gathering (two and one-half days later) the Section took formal action on the Subsection recommendations.

The 14 subject-area Sections were all organized in the same manner, with Co-Chairmen. One was designated the Presiding Officer; the other was the Technical Co-Chairman who worked with the Delegates in developing Section procedures and in setting the goals to be achieved during the Subsection sessions.

Each Section had an official Recorder who was responsible for keeping a record of the actions of the Sections, and preparing the final report of the recommendations approved by the Section at its final meeting.

A Section Policy Coordinating Committee was responsible for the final version of the Section recommendations which were reported to the Section for discussion and voting. Membership of the Committee consisted of the Section Co-Chairmen, Recorder, and all Subsection Officers. The presiding Section Co-Chairman chaired the Committee.

A Section Policy Drafting Committee consolidated the policy recommendations from the various Subsections and transmitted them to the Section Policy Coordinating Committee for final review. Membership for this Committee included the Section Co-Chairmen, Recorder and the Subsection Recorders. The Technical Co-Chairman presided at meetings of this smaller working Committee.

Sections had available *Resource Personnel* from the Federal agencies and other *Consultants* to provide whatever technical information was needed during the discussions.

The Directors of the Secretariats to the Technical Committees served as the *Section Managers* during the Conference.

The Subsections. Each Section was divided into Subsections of approximately 35 Delegates which met for a total of 10 to 13 hours. There was a total of 95 Subsections, apportioned among the various Sections according to the number of Delegates assigned to each. A deliberate effort was made to keep every Subsection small in order to insure that each Delegate would have full and sufficient opportunity to participate and offer his particular contribution.

Each Subsection, independent of the others, formulated its policy proposals. Each of the Subsections considered all issues and proposals presented within the appropriate *Delegate Work Book.*

All 95 Subsections were organized according to the same pattern. Each Subsection had a designated *Chairman* who presided throughout the several sessions of the Subsections. At the beginning of its meeting, each Subsection elected a *Vice Chairman* who assisted the Chairman and presided in his absence, or upon his request. A *Recorder* was assigned to each Subsection to keep an official record of all actions taken.

There was a Subsequent Policy Drafting Committee composed of the Subsection Chairman, Vice-Chairman, and Recorder. They prepared a report of the recommendations of the Subsection for transmission to the Section Drafting Committee. They also served as members of the Section Policy Coordinating Committee.

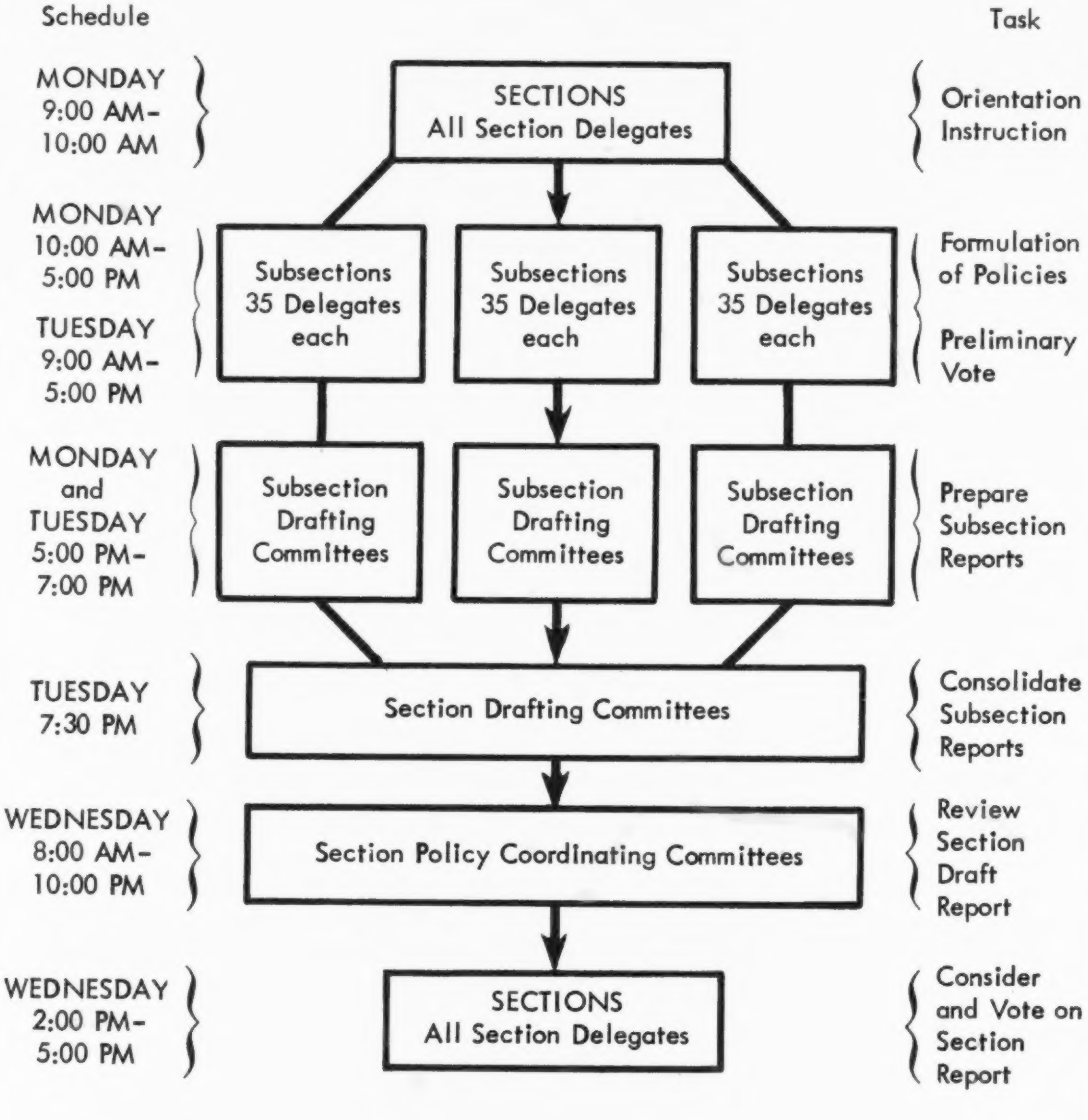
Federal agency *Resource Personnel* and other *Consultants* were assigned to assist each of the Subsections during their work periods.

The flow of work between the Sections and Subsections over the 3-day period was to lead to the adoption by each Section of a set of recommendations. Chart 2 shows the structure and schedule of the meetings of the Sections and Subsections and the task which was to be carried on at each of them.

Not shown by the chart is the process of providing the Interim Report of the Sections to all Delegates at the Closing Session of the Conference. The Section Reporters, with the assistance of the other Section officials, were to prepare a 1500 word report for their respective Sections consisting of a short preamble and the recommendations approved by the Delegates at the final Section meetings. These were to be filed for reproduction and inclusion in the Interim Report.

Chart 2.

SECTION AND SUBSECTION STRUCTURE AND TASK


Schedule
Task
MONDAY 9:00 AM-10:00 AM
SECTIONS All Section Delegates
Orientation Instruction
MONDAY 10:00 AM-5:00 PM
TUESDAY 9:00 AM-5:00 PM
Subsections 35 Delegates each
Subsections 35 Delegates each
Subsections 35 Delegates each
Formulation of Policies
Preliminary Vote
MONDAY and TUESDAY 5:00 PM-7:00 PM
Subsection Drafting Committees
Subsection Drafting Committees
Subsection Drafting Committees
Prepare Subsection Reports
TUESDAY 7:30 PM
Section Drafting Committees
Consolidate Subsection Reports
WEDNESDAY 8:00 AM-10:00 PM
Section Policy Coordinating Committees
Review Section Draft Report
WEDNESDAY 2:00 PM-5:00 PM
SECTIONS All Section Delegates
Consider and Vote on Section Report

SPECIAL CONCERNS SESSIONS

Planning the 17 Special Concerns Sessions was the responsibility of their respective organizing committees. The White House Conference staff and other government personnel served the committees only in the capacity of expediting committee plans.

The committees met in sessions over several months. Each sought to adopt a program format which would ensure productive discussion and practical recommendations. In their programs, a number of the committees included "listening panels" which were made up of persons from Congress and the various Federal departments to whom they wished to directly present their recommendations.

Some of the planning committees were able to arrange meetings of constituent groups prior to the Conference for the purpose of developing a platform for consideration and adoption at the Special Concerns Sessions. Some committees, especially those planning the Sessions on the elderly minority groups, fashioned their programs to cover some or all of the 14 subject areas of the Conference. This allowed the Delegates an opportunity to speak to the common needs of all older people and to the additional, particular problems imposed by racial considerations.

Selection and Training of Conference Leadership

Selection. An attempt was made to select Section and Subsection leadership from among those Delegates most broadly informed about the problems of older people, and those who were judged to possess an appreciation of the policies and actions needed to achieve a meaningful and healthful life for the older segment of the population.

Responsibility for naming Section and Subsection leaders, except Subsection Vice-Chairmen, rested with the Executive Committee of the Planning Board which Committee named an *ad hoc* Sub-Committee to prepare a slate of candidates for each of the Sections and Subsections. The Sub-Committee solicited suggestions of persons for these leadership roles from various sources, including national organizations, minority groups, State units on aging, and the members of the technical committees, and the Planning Board.

The Sub-Committee reviewed the credentials of all persons suggested which were received prior to the time of its meeting and prepared alternative slates of nominees for each position. The Executive Committee made the selections from among the potential candidates paying special attention to the inclusion of older people, women, and minority representatives. Also, in light of the very sparse representation among previously named Conference leadership of persons from nearly two-thirds of the States, weighted consideration was given to achieving a balanced geographical distribution.

The Vice-Chairman for each of the 95 Subsections, by action of the Planning Board, was elected at its first meeting from among the Delegates within the Subsection.

Rounding out the leadership of the Conference Sections and Subsections were expert non-government consultants and Federal personnel. The Federal personnel were not voting delegates, but were to supply the staff support and resource necessary for effective work.

A Section Management Officer, who was also director of the Technical Committee Secretariat, was designated the principal government staff person for each Section. They in turn arranged for the other government personnel who served at the Conference. Persons working in the regional and central offices of the Administration on Aging provided additional staff assistance.

Training the Leadership. The orderly development of recommendations by nearly 3600 persons required that the leaders particularly be well versed in the nature of the task and the process to be followed. All leaders had instruction provided in various written materials and many had gained experience in leadership roles at their community and State conferences. As further insurance that the Conference objectives would be achieved, the Section and Subsection leadership was provided with some additional training in two orientation sessions.

The first orientation and training meeting was held in mid-November. It brought together the Section Co-Chairmen, Recorders, and the Section Management Officers. *A Guide for Section and Subsection Conference Leaders* was distributed and reviewed. This publication set forth the Conference plans and procedures, including:

- Conference structures and organization, format and schedule
- Tasks of the Conference leaders
- Recommendation reporting procedures
- Rules of order governing the conduct of the Conference working sessions.

The second training session was held for Subsection Chairmen and Recorders on the day preceding the opening of the National Conference. Special instruction on effective Conference recording was provided those who were to perform that role in the work of the Conference.

Opportunity was also presented the leadership of each Section and its Subsections to meet together and prepare for achieving their common goal—the development and refinement of quality recommendations over an extremely short period of time.

Assignment and Preparation of Conference Participants

Assignments. All Delegates were to work within one Section and one Subsection of that Section during the entire Conference period. Section preferences for the State Delegates, youth Delegates and National Organization Delegates, based on known interests and skills, were indicated by the source of the nomination. For State Delegates an attempt was made to insure the widest possible representation of the State among the 14 Conference Sections. Observers and guests were asked to indicate their choice of Section assignments.

Assignments to Subsections were essentially randomly determined. Except that a special attempt was made to make certain that within every Subsection, as within each Section, there was representation from the various minority population groups.

To facilitate Conference registration and the collection of demographic data, each Delegate was asked prior to the Conference to complete an Advance Registration Form. At the time, each was informed of his Section assignment, and was given an opportunity to choose which, if any, special Concerns Session he wished to attend.

Preparation. To achieve in the development of broad, feasible plans for national action, the Delegates needed to be knowledgeable in the subject matter areas and familiar with the plans and procedures of the Conference and the roles they were expected to carry out.

Preparation really began at the community level where many of the persons who would eventually be named as Delegates to the national meeting took part in community conferences. Here leaders, trained earlier by State agency personnel, explained the task of policy formulation, aided by a work book especially prepared for the community conference participants. The State conferences provided a second learning experience which closely resembled the task that the Delegates to the National Conference would undertake.

To prepare the Delegates in the specific plans and for effective participation in the national meeting, the appropriate *Delegate Work Book, Background and Issues Paper*, and other reference materials were forwarded to participants some weeks before the Conference began. This made it possible for the Delegates to study the recommendations upon which they were to build at the Conference. It also gave them an opportunity to identify gaps and problems for which they could, if they wished, propose additional recommendations for consideration at the national meeting.

As a final step in the preparation of the Delegates, most States convened their State delegations to provide them a firsthand orientation for the National Conference and to review its significance and relationship to future action at the State level.

PART 4

The National Conference in Action

November 28 – December 2

The Conference Setting

The Conference was housed in four Washington Hotels—the Washington Hilton, the Statler Hilton, the Sheraton Park, and the Shoreham. The Conference headquarters was located in the Washington Hilton. The other hotels were used mainly for the smaller group meetings.

Although the Conference did not open officially until Sunday evening, most of the Delegates arrived either the day before or early in the day on Sunday with the result that many were on hand for Registration when it opened at 10:00 A.M. Having registered and received their Conference materials, they were free to visit and to explore the resources of the Conference.

One of the areas that drew the attention of the Delegates was the Senior Portrait Exhibition at the Conference headquarters. The exhibit was made up of those works that had been cited in the nationwide contest for original portraits of an aged subject completed by persons who were themselves old. The show contained the 24 winners of the State contests that were submitted for the national competition.

The winning entry, "Patriarch of the Mountain," was painted by Bernard C. Bonder, age 73, of Mountain Home, Arkansas,[1] who was to be recognized in person at the Conference Closing Session.

Adjacent to the Senior Portrait Exhibit was the Reading and Document Room. Literature on the problems of and programs for the elderly had been placed there so that Delegates might have access to the most current information available. These reports and statements from the Federal departments and public agencies and private nonprofit organizations touched on a broad range of issues and resources relating to aging.

The press room was also located in the Washington Hilton Hotel. A portion of the press room was set aside for the press conferences which were to be held two or more times a day. Mr. Flemming and Commissioner Martin jointly met with the press each day to keep them informed of the Conference's progress.

By mid-afternoon Sunday the number of Delegates had noticeably increased and the amount of Conference activity had risen sharply. State delegations and special interest groups were caucusing and planning their activities for the next 4 days. Get-acquainted meetings and receptions were quickly organized.

Among the Delegates were the "47 Outstanding Older Americans." These persons, many of whom were in their 70's and 80's, had been designated by their Governors and honored at their State conferences for the contributions that they have made to the aged and to society.[2]

For those Delegates who wished to attend, a special ecumenical service was held at the Washington Cathedral. The ecumenical service was sponsored by the District of Columbia Advisory Committee on Aging. Conference Chairman Flemming and Dr. Inabel Lindsay, a Vice Chairman of the Conference, participated in the Service, as did Dr. Benjamin Mays, Georgia's Outstanding Older American.

In such a setting began 4 days of effort to articulate policies and suggest programs which, if implemented, could change society's attitudes and materially improve the status of America's older citizens.

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[1] See Appendix K for additional information on the Senior Portrait Contest.

[2] See Appendix J for additional information on the Outstanding Older Americans.

Characteristics of the Delegates

The Presidential proclamation of 1969 called for broad representation; the Delegates who participated in the Conference reflected the variety of background and diversity of interest that the President sought to obtain.

A total of 3,675 persons were invited by the President to be Delegates at the White House Conference on Aging. Of the 3,574 who were able to accept, all but 427 persons filled in a pre-Conference Registration Form which included questions designed to provide information about the characteristics of the Delegate body responsible for the recommendations adopted at the Conference.

Not all Delegates replied to all questions; thus, the number of replies reported varies in several of the tables presented below.

The "No Information" entry in the tables reflects the number for whom information was not available, either because they did not answer the question on which the table is based, or because the Registration Forms were not received.

AGE AND SEX

In the Act authorizing the Conference, the Congress pointed out that a significant proportion of the participants should be older people. The Conference Planning Board took action recommending to the States that no less than 45 percent of the participants involved in the State Conferences should be in the older age category.

Although the proportion of older Delegates to the National Conferences was not stipulated, of the 3,120 Delegates for whom data are available, 60 percent were aged 55 years or over. Only 20 percent of the group were younger than middle-aged (less than 45 years of age). More than 35 percent were in the retirement age bracket of 65 or over.

Only one of every three Delegates was female. This contrasts sharply with the ratio of women in the over 65-age group—a category in which one presently finds a ratio of 139 women per 100 men. Women were underrepresented in every age category of the Delegate body except for the range of under age 25.

Table 3

DELEGATE SEX DISTRIBUTION, BY AGE

(percent)

Age	Sex		
	Male	Female	Total
Under 25	1.7	1.6	3.3
25 - 44	12.1	4.6	16.7
45 - 54	13.5	6.7	20.2
55 - 64	14.6	9.8	24.4
65 - 74	16.4	10.0	26.4
over 75	5.9	3.1	9.0
Total	64.2	35.8	100.0

* Percentages based on the number of Delegates for whom age information was available or 3,120 persons.

MINORITY GROUP REPRESENTATION

The special efforts of the Conference and minority groups to insure adequate minority representation among the Delegates were successful to the point that four major minority groups in the population constituted almost 20 percent of the Delegate body.

Table 4

MINORITY GROUP REPRESENTATION AMONG THE DELEGATES

Group	Percent*
Blacks	10.3
Spanish Speaking	5.4
American Indians	2.7
Asian - Americans	1.2
All	19.6

* Based on total Delegate body or 3,574 persons.

RESIDENCE

Just over half (50.6 percent) of the Delegates resided in nine States and the District of Columbia. These same jurisdictions contain 50.6 percent of the Nation's older people.

Table 5

THE TEN MOST HEAVILY REPRESENTED JURISDICTIONS AMONG THE DELEGATE BODY

Jurisdiction	Percent
New York	9.5
District of Columbia	7.6
California	6.5
Pennsylvania	5.3
Illinois	4.6
Ohio	4.0
Florida	3.6
Texas	3.5
Michigan	3.1
Maryland	2.9
Total	50.6

The relatively large number of Delegates from the District of Columbia, Maryland, and New York is accounted for in part by the fact that a large proportion of the Delegates named by national organizations reside in these three jurisdictions.

SIZE OF COMMUNITY

Of the 3,574 Delegates, 3,104 indicated the size of their home communities. Using this number as a basis for computing the percentage distribution, it is found that approximately one-quarter (24.4 percent) of the Delegates reside in areas and communities with a population under 25,000, about a third (31.2 percent) live in cities of 500,000 or more, and the remainder (43.4 percent) live in smaller urban areas.

Table 6

SIZE OF COMMUNITY WHERE DELEGATES LIVE

(Number and Percent)

Community Size	Number	Percent*
Rural Areas	185	6.0
Under 10,000	271	8.7
10,000 - 24,999	300	9.7
25,000 - 99,999	712	22.9
100,000 - 499,999	668	21.5
500,000 and over	968	31.2
No Information	470	--
Total	3574	100.0

* The percentage distribution is based on the number of Delegates for whom community size information was available or 3,104 persons.

EMPLOYMENT STATUS

Just over two-thirds (67.7 percent) of the Delegates, who indicated that they are not retired, reported that they are employed either in full or parttime jobs, 6.5 percent said that they are not now gainfully employed. Nearly 26 percent indicated that they were retired from their regular occupations, but many of these added that they continue to work either parttime or as volunteers.

MAJOR ACTIVITY OR OCCUPATION

Delegates were asked to check among a list of occupational categories, the one in which their major work or activity would be classified. The retired workers were instructed to indicate the category representing the major occupation from which they had retired. Out of a total of the 3,754 Delegates, 3,050 identified their occupation or activity.

Table 7 shows a larger proportion of the Delegates checked education (17.3 percent) and social

Table 7

MAJOR ACTIVITY OR OCCUPATION OF DELEGATES

(Present or, if Retired, Most Recent Occupation)

Occupational Category	Number of Delegates	Percent*
Agriculture	131	4.3
Business, Manufacturing, Trade, and Transportation	400	13.1
Education	527	17.3
Health Services	325	10.7
Homemaker	81	2.7
Labor Organization	124	4.1
Recreation	56	1.8
Religious Service	141	4.6
Social Services	502	16.4
Student	61	2.0
Other	702	23.0
No Information	524	--
Total	3,574	100.0

* Percent of those reporting a major activity or occupation or 3,050 persons.

services (16.4 percent) than any of the other occupational categories, except that nearly one-fourth checked "other" indicating that their occupational group was not included in the list provided.

In view of the importance of leisure activities to older people, it appears that the inclusion of only 56 workers (1.8 percent) in the Delegate body from the field of recreation was something of an underrepresentation of this professional group.

WORKING TIME IN FIELD OF AGING

Of the 2,151 Delegates reporting that they are employed either full- or part-time, 903 indicated that 50 percent or more of their working time is spent in serving older people or in some other phase of aging. This represents 28.4 percent of all Delegates for whom information is available.

INCOME

One goal of the 1971 White House Conference on Aging was to include among the Delegates elderly consumers who were experiencing the problems to which the Conference was addressed. In order to ensure that the low income elderly could attend the Conference, Congress appropriated funds to underwrite the cost of travel and living expenses of Delegates except those Delegates named by the national organizations.

The income data are somewhat less complete than other data for the Delegates because only 2,902 persons (exclusive of the youth group who were largely students) reported their annual cash incomes. There is no information available to show whether or not the 2,902 reporting are representative of the entire Delegate body, but they do indicate the range of income. With these limi-

Table 8

LEVEL OF ANNUAL INCOME OF DELEGATES BY AGE AND SIZE OF HOUSEHOLD *

(Number and Percent) Household Size—1 Person Only

Annual Income	Delegates 65 or over Number	Percent	Delegates under 65 Number	Percent
Under $1500	19	7.4	6	2.6
1500 - 2499	42	16.3	18	7.9
2500 - 3499	32	12.4	9	4.0
3500 - 4999	45	17.4	10	4.4
5000 - 9999	73	28.3	48	21.2
10,000 or Over	47	18.2	136	59.9
Total	258	100.0	227	100.0
Household Size—2 or More Persons				
Under $1500	6	.7	4	.3
1500 - 2499	23	2.8	16	1.0
2500 - 3499	42	5.2	18	1.1
3500 - 4999	83	10.3	18	1.1
5000 - 9999	252	31.1	137	8.5
10,000 or Over	404	49.9	1414	88.0
Total	810	100.0	1607	100.0
All Households				
Under $1500	25	2.3	10	.5
1500 - 2499	65	6.1	34	1.9
2500 - 3499	74	6.9	27	1.5
3500 - 4999	128	12.0	28	1.5
5000 - 9999	325	30.4	185	10.1
10,000 or Over	451	42.2	1550	84.5
Total	1068	99.9	1834	100.0

*Table does not include the income data reported by 96 Delegates under age 25 who supplied information.

tations in mind, the income data available are presented in Table 8. The data are reported separately for one person and two-or-more person households. The two are combined in a third section of the table to show the income levels for all households.

The Delegates recording income data who were aged 65 and over and living alone numbered 258 persons. Of these, nearly one-fourth (23.7 percent) reported annual incomes under $2500; more than a third receive less than $3,500 per year. Of the 810 Delegates 65 years of age and over reporting income and living in households of 2 or more persons, only 3.5 percent had incomes of less than $2500, 8.7 percent less than $3500.

Similar data for the 1834 Delegates under 65 years of age who reported their income, show that the proportion living in a one-person household and receiving less than $2500 annually is 10.5 percent, less than half the percentage of single older Delegates in this low income category. For two-or-more person households, only 1.3 percent of the younger Delegate group have annual incomes of less than $2500 but 3.5 percent of the older group have incomes in this low bracket. The relatively large number of Delegates reporting incomes of $10,000 or more is a reflection of the high rate of employment among them.

These income data make it clear that the provision by Congress of travel funds for Delegates enabled the States to name many persons who would not otherwise have been financially able to attend.

The data reported thus far relate to the characteristics of the Delegate body as a whole. When the data are arranged according to the 14 subject-area Sections, differences in the composition of the Section groupings become apparent.

SIZE OF SECTIONS AND SUBSECTIONS

The number of Delegates assigned to participate in different Sections varied from 93 (Research and Demonstration) to 487 (Physical and Mental Health). Nine of the groups were composed of 200 or more Delegates each.

The number of Delegates assigned to a Section does not necessarily represent the extent of interest in a particular subject area because the States and national organizations indicated the Sections to which they wished their delegates to be assigned, and may or may not have consulted the Delegate about his preferences. When Delegates requested

Table 9

SIZE OF CONFERENCE SECTIONS AND SUB-SECTIONS

Section	Number of Delegates Per Section*	Number of Sub-Sections	Average Number of Delegates per Sub-Section
Education	269	8	34
Employment and Retirement	337	9	37
Physical and Mental Health	487	14	35
Housing	382	9	42
Income	304	9	34
Nutrition	127	4	32
Retirement Roles and Activities	312	9	35
Spiritual Well-Being	204	6	34
Transportation	174	5	35
Facilities, Programs and Services	240	6	40
Government and Nongovernment Organization	221	6	37
Planning	164	4	41
Research and Demonstration	93	3	31
Training	112	3	37
Total	3,426	95	36

* Based on Pre-conference Section Assignments of Delegates for whom nomination forms were available.

a different Section assignment, however, arrangements were made with Governors for the change.

AGE DISTRIBUTION BY SECTION

One striking dissimilarity among the Sections was the difference in the age distribution of the Delegates. Older people (65 and over), for example, were proportionately more numerous in the Sections on Income (41.8 percent), Retirement Roles and Activities (44.7 percent), Education (45.0 percent) and Employment and Retirement (51.2 percent). The Sections in which they were less well represented were Facilities, Programs, and Services (25.0 percent); Health (24.0 percent); Research and Demonstration (23.0 percent); and Training (22.0 percent). These differences may be traced to the Delegate's own preferences and to the preferences ascribed to them by their nominators.

Women Delegates, only about a third of the delegate body, tended to be underrepresented in comparison to men in most Sections.

Table 10

AGE DISTRIBUTION OF DELEGATES BY SECTION

(percent)

Section	Age* Under 25	25-44	45-54	55-64	65-74	Over 75
Education	5.8	10.8	19.2	19.2	34.6	10.4
Employment and Retirement	1.9	10.7	11.0	25.2	36.6	14.6
Physical and Mental Health	2.5	22.6	26.3	24.5	16.0	8.0
Housing	3.3	12.6	22.5	27.9	24.9	8.7
Income	2.6	15.5	17.7	22.3	30.9	10.9
Nutrition	4.3	15.4	19.7	23.9	29.9	6.8
Retirement Roles and Activities	3.8	14.1	16.8	20.6	33.7	11.0
Spiritual Well-Being	1.6	12.0	19.0	31.5	26.1	9.8
Transportation	4.1	23.7	14.2	22.5	26.6	8.9
Facilities, Programs, and Services	5.8	21.4	19.2	28.5	19.6	5.4
Government and Nongovernment Organization	3.0	21.0	21.0	23.5	25.0	7.5
Planning	1.9	20.6	26.5	20.6	28.4	1.9
Research and Demonstration	2.3	20.7	28.7	25.3	13.8	9.2
Training	3.7	19.3	29.4	25.7	15.6	6.4

* Totals by Section may not add to 100.0 percent because of rounding. Based on 3,120 Delegates for whom age data were available.

However, in five Sections women constituted 40 percent or more of the Delegates—Education; Training; Spiritual Well Being; Facilities, Programs, and Services; and Nutrition.

Table 11

SEX DISTRIBUTION OF DELEGATES BY SECTION

(percent)

Section	N = 3120 Sex Male	 Female
Education	59.6	40.4
Employment and Retirement	72.5	27.5
Physical and Mental Health	71.9	28.1
Housing	72.4	27.6
Income	69.1	30.9
Nutrition	27.4	72.6
Retirement Roles and Activities	51.9	48.1
Spiritual Well-Being	63.6	36.4
Transportation	66.9	33.1
Facilities, Programs and Services	49.1	50.9
Government and Nongovernment Organization	74.5	25.5
Planning	67.7	32.3
Research and Demonstration	70.1	29.9
Training	55.0	45.0

RETIREES AND PROFESSIONAL WORKERS IN AGING BY SECTION

The numbers of retired persons in each Section varied considerably, with the proportions corresponding, as one might expect, in part to the age distribution of Delegates by Section. The largest

Table 12

SELECTED EMPLOYMENT CHARACTERISTICS OF DELEGATES BY SECTION

(Percent)

Section	N = 3176 Retired People	 Professionals Working in Aging*
Education	32.4	13.8
Employment and Retirement	35.9	23.2
Physical and Mental Health	13.1	33.6
Housing	25.1	31.4
Income	29.6	22.8
Nutrition	23.9	20.2
Retirement Roles and Activities	34.0	29.1
Spiritual Well-Being	20.1	23.9
Transportation	32.8	24.7
Facilities, Programs, and Services	20.8	46.5
Government and Nongovernment Organization	20.8	22.3
Planning	15.2	36.7
Research and Demonstration	16.4	34.1
Training	17.3	38.3
All Sections	25.8	28.4

* Persons were counted in this category if they indicated 50 percent or more of their time in the field of aging.

percentages of retirees were found in the Sections on Employment and Retirement (35.9 percent), Retirement Roles and Activities (34.0 percent), Transportation (32.8 percent), and Education (32.4 percent).

In Sections with a relatively high proportion (30 to 40 percent) of Delegates who were professional workers—Training; Planning; Research and Demonstration; and Facilities, Programs, and Services—the retirees made up less than 20 percent of the Delegates. For whatever the reason, more retirees were included in the Sections concerned with activities for older people than in the Sections concerned with the instrumentalities—planning, research, manpower—required to provide the opportunities for the activities.

The Conference Program

Sunday, November 28

10:00 A.M.	**Registration Opens**
4:00 P.M.	**Ecumenical Service, The Washington Cathedral**
7:30 P.M.	**Opening General Session** (International Ballroom)

Call to Order—Arthur S. Flemming, Chairman

Invocation—Cynthia Wedel, President
National Council of Churches

Introductions—Arthur S. Flemming

Greetings—Honorable Walter E. Washington,
Mayor-Commissioner, District of Columbia

Message from President Nixon

Address—John B. Martin, Conference Director

Address—Arthur S. Flemming

Multi-Media Introduction—Webster B. Todd, Jr.
Executive Director of Conference

10:30 P.M.	**Adjournment**

Monday, November 29

9:00 A.M.	**Section Orientation Meetings**
10:30 A.M.	**Subsection Meetings**
12:15 P.M.	**Conference Luncheons**
2:00 P.M.	**Subsection Meetings**
7:30 P.M.	**General Session—The Open Forum** (International Ballroom)

Presiding—Honorable Earl G. Warren,
Chief Justice of the Supreme Court of the United States, Retired

Statements on Aging—The Delegates

11:30 P.M.	**Adjournment**

Tuesday, November 30

9:00 A.M.	**Subsection Meetings**
12:15 P.M.	**Conference Luncheons**
2:00 P.M.	**Subsection Meetings**
7:00 P.M.	**Section Drafting Committee Meetings**

Wednesday, December 1

8:00 A.M.	**Special Concerns Sessions, and Section Policy Coordinating Committee Meetings**
12:15 P.M.	**Conference Luncheons**
2:00 P.M.	**Section Meetings— Adoption of Recommendations**
7:00 P.M.	**Visit to the White House by Invitation of President and Mrs. Nixon**
8:00 P.M.	**Reception for Conference Participants**

Hosts: Arthur S. Flemming, Bertha Adkins, and John B. Martin

Thursday, December 2

9:00 A.M.	**Closing General Session**

Arthur S. Flemming, presiding

Music—United States Marine Band

Invocation—Right Reverend Raymond J. Gallagher

Post-Conference Year —Arthur S. Flemming

Address—Honorable Richard M. Nixon,
President of the United States

Benediction—Rabbi Abraham J. Feldman

12:00 Noon	**Conference Adjournment**

The Opening General Session

The Second White House Conference on Aging officially began at 7:30 P.M. November 28, 1971, with an Opening Session held in the International Ballroom of the Washington Hilton Hotel. Chairman Arthur S. Flemming called the Session to order and Dr. Cynthia Wedel offered the Invocation.

The Honorable Walter E. Washington, Mayor-Commissioner of the District of Columbia, welcomed the Conference Delegates to the city and wished them success in their efforts on behalf of all older Americans.

Following Mayor Washington's remarks, Mr. Flemming read the following message of welcome to the Conference from President Nixon.

> *It is a great pleasure for me to welcome to Washington all of you who are participating in the second White House Conference on Aging.*
>
> *It was 10 years ago that President Eisenhower addressed the opening session of the first White House Conference on Aging. He emphasized then his feeling that the key to a profitable conference was ensuring that every opinion be fully aired. I know that your gathering this week will meet that standard. There is a second key to a profitable meeting which I stressed when I called this Conference more than two years ago. I referred then to the need for "careful, advance planning and . . . broad, representative participation." Over the last two years, thousands of Americans, all across the country, have worked to provide these critical ingredients. I know that your deliberations this week will be all the more valuable as a result.*
>
> *Just as this Conference has been a focal point for so much thought and energy over the past two years, so it can now provide the momentum for a great wave of reform and renewal in the way our society treats its older citizens in the future. I am eager to learn the results of your deliberations and I look forward to meeting personally with you later in the week.*
>
> *You have my very best wishes for a most productive Conference.*

Both Chairman Flemming and John B. Martin, Conference Director and Commissioner of the Administration on Aging, addressed the Conference and provided an orientation for the work of the Delegates on the ensuing days.

The Session closed with a multi-media presentation, especially prepared for the Conference, which reflected by film and drama the current situation of the Nation's older people.

Special Prayer Prepared for The White House Conference on Aging

Al-mighty G-d, who in your infinite wisdom have decreed that man honor father and mother —that man rise before an elderly person and that he honor the contenance of the aged,—Al-mighty G-d, bless this convocation that has gathered to find ways and means to best fulfill your decrees.

Bless this assemblage that has harkened to the plea of the aged: "Cast us not away at the time of our old age."

Al-mighty G-d, bless the esteemed President of the United States, Richard Milhaus Nixon, who has convened this convocation of concern, bless the chairman, consultants and staff and bless the delegates, observers and guests who are about to return to their respective cities, states, countries and homes to implement the good resolutions of this second White House Conference on Aging.

Crown the efforts of this convocation with success—success that will in the words of your prophet Malachi, "Return the hearts of the parents to their children and the hearts of the children to their parents."

Amen.

—Rabbi Noah Bernstein
Spiritual leader and Director
Chaplaincy and Social Services
Merkos Lubavitch Organization
Minnesota Branch

GREETINGS by

Mayor Walter E. Washington

Chairman Flemming, Mr. Martin, and all other participants in this Conference. It is a pleasure to welcome each of you to the Opening Session of the 1971 White House Conference on Aging.

This is a great and important occasion. It has significant meaning to us in the District of Columbia because we had the unique opportunity of working very closely with the planning staff for this Conference.

When President Nixon called for a second White House Conference on Aging in a proclamation in 1969, he gave to all of us the charge to help in the development of a more adequate national policy for older Americans.

We here in the District of Columbia—as I am sure that each of you did—took the President's proclamation very seriously. During the past year, we have been moving forward on many fronts.

Community forums and neighborhood meetings were held in each of our 9 service areas.

Over 1,000 concerned citizens met with District officials and civic leaders in work groups and discussion sessions to identify problems and issues and make recommendations for changes in our programs and projects.

This gave us a blue print for action and helped design a viable and useful program for our older citizens. These efforts culminated in an inspiring Ecumenical Dedication Service held this afternoon at the Washington Cathedral.

The goals now before us are clearly defined: creation of a greater awareness of the older population; development of proposals for a comprehensive national policy on aging and then supporting it; and strengthening the means of older people for independent living and active participation in the life of the Nation.

These goals will not be attainable without the continued support and efforts of each of you here today.

The urgency of our times demands that our government, from the lowest to the highest office, be committed to the betterment of the economic and social well-being of the elderly.

The urgency of our times also demands that community leaders and individual citizens of all ages make the same commitment.

A Persian proverb says: "Four things come not back; the spoken word, the sped arrow, the past life, and the neglected opportunity."

We here tonight must not let it be said that we neglected the opportunity to help bring about a more humane and responsible society for our elderly citizens or to protect those rights which are inherently theirs.

ADDRESS by

The Honorable John B. Martin

Ladies and Gentlemen—It is good to be with you tonight. When I accepted my responsibilities more than two years ago to administer the Older Americans Act, the White House Conference on Aging seemed far away. Then it was only a brief Congressional resolution on the bones of which much flesh was needed.

Since that time we have been working steadily to perfect a Conference which would give all Older Americans a voice and a program for today and tomorrow.

Tonight, another major step in that process begins.

But I would stress that this high point which we now reach and have long anticipated, is itself a beginning.

This is the climactic period of our preparation, but in a sense it is also mid-point in our work. For after this Conference, the task of implementation begins. I see a year of action ahead—executive action, legislative action, voluntary action—at Federal, State, and local levels.

I am particularly pleased and heartened by the fact that as Delegates you are so varied a group, for older Americans are diverse and individual.

You include young people who must take the long view toward what surely now seems a very distant future.

You include men and women already in their later years, happy and successful there. And you include also those to whom these years are difficult and sad.

You include representatives of different races and ethnic groups—some burdened by discriminations additional to those of age. You include men and women of middle years who have been long devoted to the service of the elderly and now approach that period of life themselves.

Together, it seems to me, you can move mountains. Surely they are there to be moved.

Most important, you can move the hearts of men, for you come equipped to speak to all our people. And that is appropriate and good because you will be speaking for all of them—those now young as well as the old. It is with everyone's tomorrows we are concerned.

The theme of this Conference is "Toward a National Policy on Aging." I have been asked on occasion what that theme means. "Don't the reports of the 1961 Conference or the broad goals of the Older Americans Act provide such a policy?" I am asked. And the answer is "Yes in part they do."

But what is missing is a clarity of attitude and a level of commitment which assures our older people that America and Americans are determined to treat the elderly of this nation fairly and to guarantee them opportunity to share equitably in the saisfactions of life available to other parts of our population—not in the far future but today. For many of our oldest Americans the future must be now—they cannot wait. This is the urgency of this conference.

It is true, for example, that in such matters as improvements in private pension systems, the results of our action may only be felt with the passage of time. But the question of whether an older person can remain in his own home or, lacking supportive services, *must* enter a nursing home requires an answer *now,* not tomorrow. The same is true of many other needs in the areas of health care or nutrition or transportation. These are urgent questions that require answers as soon as we can possibly get them.

So for the duration of your stay here you will be forging this national policy. I need not try to impress you with the importance of your task. You would not be here if you did not already understand that.

What does need to be said, however, is that you can help those who have to legislate or execute the many elements of this policy by giving attention to priorities. Not everything can be done at once. It will be helpful to know, among the many recommendations you may have, the order of importance in which you place them—what ought to take precedence if one need must be satisfied before another.

And let me make another suggestion because you represent 20 million other Americans who can't be here. Put yourself in their shoes . . . think new . . . think forward . . . the world has changed—is changing before our very eyes.

As far as you can tell—what will it be like? And how would you like to have it be, so far as the lives of older people are concerned? I hope that you will not think little thoughts. You are designing a new world—a world that most older people in our country today have never known.

It should be a world free from fear of being forgotten, of being left out, isolated, and ignored, unplanned for, unwelcomed, and unneeded.

It is a world whose designing calls for vision, for imagination, for innovation, because we don't have to be content with what we have. In this great and affluent country, we can afford to dream dreams.

We can afford to have what we want to have. We *can* have an adequate retirement income, strengthened and comprehensive health care, more and better housing, chances for useful and constructive employment, and an array of needed social services. We can have them, that is, if as a Nation we want them badly enough. What is needed is that we attach a high enough priority to our objectives and provide a commitment to follow through.

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I speak for the Administration on Aging in saying that I will not shirk any task, leave any avenue unexplored, in efforts to bring the hopes of this Conference to reality. I believe that we have laid the basis for a breakthrough. We can push back the walls, open a new view of our responsibilities to our older citizens and a new understanding of the contribution they can make to our national life.

I speak for the President when I say: "The time has come for a new attitude toward old age in America. The time has come to close the gap between our older citizens and those who are not old . . . to stop regarding older Americans as a burden and start regarding them as a resource for America."

As Delegates to this great Conference, you bring impressive credentials—years of life, experience and adaptation in a changing world—high achievement in fields of health, finance, administration, research, education, and service. For the next few days you will be applying your knowledge and experience to the building of the future.

That is a tremendous assignment. I am certain you are capable of it. The hopes of all older Americans are with you.

ADDRESS by
The Honorable Arthur S. Flemming

As this Conference opens, there is one point on which there is agreement: Society's attitudes toward older persons must change. Far too often society accords them an inferior or secondary position; turns its back on their needs with the comment, "O well, they won't be around much longer"; deprives them of the freedom to make their own decisions relative to their own lives; bars them from further involvement in life; and robs them of their dignity.

The older people within minority groups, moreover, must deal with all of these attitudes in addition to bearing the knowledge that society has failed to accord equality of opportunity to their groups.

These attitudes will change only as we, and increasing numbers of our fellow human beings, are willing to recognize and obey the Commandment, "Thou shall love thy neighbor as thyself." This Commandment does not place upon us an obligation to approve of what our neighbor says, or does, or even to like our neighbor. It does place upon us, however, a common responsibility to never pass up an opportunity to help our neighbor —without regard to his race, color, creed, sex or age—achieve his highest potential. When this Commandment is violated, it contributes to a breakdown in the life of the lawbreaker and in the society of which he or she is a part. The person who, for example, has passed up an opportunity to help an older person achieve his highest potential is not at peace with himself.

The indefensible conditions confronting many of the older persons in our society are the direct result of our failure as a society to use the knowledge, time, and resources that are available to us to help them achieve their highest potential. We cannot just resolve to obey this Commandment. We need the insight, the vision, the courage and the strength that comes from fellowship with the God and Father of us all.

And so, as this Conference begins, it is my hope that we will do two things. I hope that we will pray for strength to apply this Commandment in our own lives, throughout our deliberations, and in the days, months, and years that lie ahead and I hope that we will pray for the strength that will enable us to bring others to the place where they will put love of neighbor above every other consideration. In this spirit, let us consider some of the opportunities that will confront us in the next 4 days.

We are confronted with the opportunity to develop, to quote from the Delegates Work Books, "policy proposals that will lead to defined action to meet clearly stated short-range objectives." These policy proposals are to be distinguished from long-range objectives that are stated in broad, general terms. We believe that the discussions at this Conference can proceed on the assumption that there is a recognition and acceptance of those long-range goals which have been stated and restated many time. (I like the following comment in the Work Books relative to the statement of long-range objectives. "Since they are seldom formulated in terms of commitment to immediate action, they ordinarily find ready acceptance.") Let's make sure that the policy proposals which emerge from this Conference call for commitments to immediate action. This is our most important task; this is what the Nation expects us to do. If we live up to the expectations of our fellow citizens, they will respond to our leadership. Let's carry on our work in the belief that this can happen. If we do, we will cherish every minute that has been provided us in this Conference to work on designing and improving statements of policy.

The Work Books constitute the agendas for the discussion of policies. They are not closed agendas. We are free to add to them. When we propose new policies, however, let's make sure that they meet this test: Are they proposals that call for commitments to immediate action?

We are confronted with the opportunity to formulate programs for action. A policy proposal that calls for commitment to immediate action quickly results in the identification of programs for action. Some of these programs for action have been identified by State conferences and the task forces of national organizations. They have been made a part of our Work Books. Here again, these are not closed agendas; we are free to introduce new proposed programs for action.

Miscellaneous action programs in the field of aging, unrelated to carefully thought through policies, can oftentimes be classified accurately as tokenism. Policy proposals in the field of aging, that are not backed by sound programs for action, are nothing more than sounding brass. We have the opportunity to bring the two together in the reports that will be formulated in sectional and special concerns meetings. We also have the opportunity to underline in these reports the importance of provisions for periodic evaluations of the programs for action that we recommend in order to find out whether they are really moving us in the direction of the policies that we have recommended.

Finally, we are confronted with the opportunity to develop strategies that will result in action. It is one thing to sow the seed; it is another to cultivate the soil and raise the crop. The policy proposals and the programs for action which we recommend constitute the seed that will be sown as a result of this Conference. Let's focus also on how we can cultivate the soil and raise the crop.

Over 35 years ago, the writer of a book review in the British publication, *The Spectator*, said:

> *"The cry raised by all of the world's greatest literature is Read me, do not write about me, do not even talk about me, but read me!"*

The cry of older persons throughout our Nation is, "Act, do not write about me, do not even talk about me, but act!" It is in that spirit that the executives of six national organizations have addressed a message to the delegates to this Conference. The following have signed the message:

Bernard E. Nash (Executive Director, American Association of Retired Persons and National Retired Teachers Association)

Thomas G. Walters (President, National Association of Retired Federal Employees)

Hobart C. Jackson (Chairman, National Caucus on the Black Aged)

William C. Fitch (Director, National Council on the Aging)

Nelson H. Cruikshank (President, National Council of Senior Citizens, Inc.)

The message is as follows:

Our members have invested substantial amounts of time and resources in the preparations for the White House Conference on Aging.

Their futures are linked in a very real way to what happens at the Conference and, above all, to what happens after the Conference.

It is our hope, therefore, that the discussions that take place and the conclusions that are reached will contribute to just one objective. That objective is: The enlistment of widespread support from all social, economic, religious and political groups in behalf of action programs that will make available to older persons increased resources, services and opportunities and that will remove existing inequities ethnic and other minority groups have had to bear.

> *Our most serious problem is a lack of commitment to action in the field of aging within all of our social, economic, religious and political groups. The White House Conference must devote itself to this problem. We must not drive persons within these groups apart as they confront issues in the field of aging. Instead, we must seek a clear agreement on goals and a unity of purpose which is reflected by commitments from them to increase resources, services and opportunities for older persons and to remove existing inequities which ethnic and other minority groups have had to bear.*
>
> *We join all who have planned this Conference in the desire to open it up to full, uninhibited discussion of issues even where there may be sharp differences of opinion. Any attempt to utilize the Conference for partisan political advantage will be a violation of the spirit which has permeated the planning of the Conference.*

I welcome that message. We must broaden the base of support for programs for older persons within all of our social, economic, religious and political groups. In the short run and the long run, the success of this Conference will be measured by its contributions to this objective.

This is why the closing general session of the Conference on Thursday morning will be devoted entirely to the Post-Conference Year. It would certainly be appropriate for the written reports from the Sections and Special Concerns Sessions that you will receive at this final session to contain brief references to strategies that you believe would broaden the base of support for the policies and action programs you will be recommending. In addition, we hope to listen to reports on commitments to action in the Post-Conference Year from various segments of both the private and public sectors that are represented at this Conference. We hope that this closing session will make it clear to the older persons of this nation that "action now" will be the primary and controlling objective of the delegates to this Conference. In this way, and only in this way, can this Conference become a part of a significant ongoing process and avoid becoming just another meeting that produces reports to go on shelves to collect dust.

In the statement to the Delegates from the executives of the six national organizations there was included this statement:

> *We join all who have planned this Conference in the desire to open it up to full, uninhibited discussions of issues even where there may be sharp differences of opinion.*

This is our desire. There are no closed agendas for discussions in Subsections, Sections, or Special Concern Sessions. Minority views will be incorporated in reports whenever they are supported by at least fifteen percent of the voting group. There will be an Open Forum on Monday evening where the retired Chief Justice of the United States, Earl Warren, will preside. You have been provided with the rules from the Forum that have been drawn up by a steering committee under the chairmanship of Dr. Charles Schottland, the President of Brandeis University.

In the statement to the Delegates by the executives of the six national organizations, the word "commitment" appears a number of times. I hope that this word will be uppermost in the minds of all of us throughout this Conference. Everyone in this room has been guilty of passing up an opportunity to help an older person achieve his highest potential. In the book of Revelations, lukewarmness is clearly identified as a sin. We have all been guilty at one time or another of lukewarmness in our approach to issues in the field of aging. The only way in which we can compensate for yesterday's sins of omission is to make a commitment to take advantage of today's and tomorrow's opportunities to serve older persons.

I hope that we will not spend very much time at this Conference dwelling on our own, or other persons', or groups' sins of omission. Rather, I hope that our emphasis will be on making a personal commitment to action and to doing our best to persuade individuals and groups within both the public and private sectors to do likewise. If we do, then we will truly become instruments of His peace through helping to replace despair with hope in the lives of millions of older persons. This is what I hope, and what I know that you hope, will happen as a result of our four days together.

The Open Forum

"The purpose of the Open Forum," according to Arthur S. Flemming, Chairman of the Conference, "is to make certain that information available to the Delegates on all the issues is as complete as possible.

"We must not overlook any group or organization in our society that wants to be heard, or any point of view that needs to be expressed."

To develop the ground rules for the Open Forum, a steering committee was drawn from the Conference National Planning Board and was chaired by Dr. Charles I. Schottland, President of Brandeis University, Waltham, Massachusetts.

All Delegates who wished to speak at the Open Forum were asked to submit their request to the steering committee before 5:00 p.m., Monday, November 29. Delegates were permitted to speak on any topic relating to the field of aging as long as they did not endorse a commercial product or service, did not speak to pending legislation, and kept within the three-minute time limit.

The Open Forum was convened on the evening of the first full day of the Conference in the International Ballroom of the Washington Hilton Hotel. The Forum was presided over by the Honorable Earl G. Warren, Retired Chief Justice of the United States. After opening remarks by Justice Warren, the order of appearance of the speakers was determined by lot.

The Open Forum lasted for 4 hours and heard 3-minute presentations from more than 70 Delegates. All Delegates who spoke to the Open Forum were invited to submit their statemens in 250 words or less, within 60 days after the close of the Conference.

Fifty-seven of the persons who spoke at the Forum submitted statements for publication in the Conference proceedings.

These have been arranged according to the general topics to which they were addressed, as follows:

- **Attitudes Toward Aging and the Aged**
- **Retirement and Roles for Older People**
- **The Family**
- **Economic Security in Old Age**
    - A. Assuring an adequate income
    - B. Control of inflation
    - C. Tax relief
- **Problems of Aging Among Minorities**
- **Services for the Elderly**
    - A. Facilities
    - B. Health services
    - C. Protection
- **Manpower and Training**
- **Government Organization for Aging**
- **Impressions of the Conference**
- **Call for Post Conference Action**
- **Various (addressed to several topics)**

Introduction by
The Honorable Earl G. Warren

Chief Justice of the Supreme Court of the United States, Retired

This is a happy assignment for me. To preside over an Open Forum for the purpose of defining the elements of a great American problem, and placing them in context with our national responsibility for making the "Pursuit of Happiness" a reality for all our people, is a great honor. Particularly is it so when the Open Forum consists of 4,000 concerned people from every part of the Nation who have studied the problem, not just as an academic exercise but in life as it is lived in America.

The Forum is an integral part of the White House Conference on Aging. Mark you, it is properly defined as "the Conference on Aging," and not a "Conference on the Aging." There is a real difference between the two. The latter implies that it is the problem of those in the aging group; the former implies that it is the aging process which starts from youth.

People over 65 are often referred to as one of the largest minority groups of Americans. There are now 20 million over that age, and their number and percentage of the population are increasing every year. If they can be considered a minority group, it is the only minority group I have ever known of which every living person hopes to be a member of some day, and in the absence of adversity will be. How this segment of our society is to be treated is, therefore, the problem of all Americans. There are at least as many facets to the problem as there are persons in the group because life is an individual process. But all of these facets converge into a few simple elements of living that are the heritage of all Americans—dignity, usefulness, physical comfort, and participation in the main channels of American life. It is these things that give Americans of any age or station in life the happiness which we have declared to be our goal. It is the achievement of these things that this Open Forum is designed to further.

Let us begin.

Summaries of Statements by Delegates

ATTITUDES TOWARD AGING AND THE AGED

Rabbi Noah Bernstein
Director of Chaplaincy and Social Services
for Merkos Lubavitch in Minnesota,
Duluth, Minnesota

We have gathered here in Washington because we realize that the attitude of society toward the aging must change.

We can change the attitude by teaching children while still young of the existence of G-d and that morals and ethics emanate from G-d. Children taught respect for G-d, the creator of the world, who sustains the world and cares about our well-being will be taught G-d's command to respect parents and the aged—not only on Mother's Day and Father's Day but throughout the year.

We should strive to give children the maximum religious education, but at the very least there should be a non-denominational prayer where one is taught of the existence of G-d and our reliance upon Him for our daily sustenance and well-being.

Children are influenced by personal example. If parents treat their parents with respect and genuine concern, their children will learn from their example and show more respect for them.

Funds for adequate programs must be made available in the public and private schools as well as through all media to educate the masses as to how to respect, help and relate to the aging.

This will then reverse the trend of the utter disregard of children for parents and society for the aging and help build a society where one can age with dignity and where the aging will become the moral and ethical guides for the younger generation.

The Honorable Walter W. Sackett, Jr., M.D.
Member, Florida House of Representatives,
Tallahassee, Florida

John, elderly, wanted death with dignity—the health department wanted him to die in good health so he underwent periodic medical checkups. John, subsequently, slipped off one night quietly and peacefully. (From syndicated news article)

Too long, medicine concerned itself with the quantity of life rather than its quality. It is high time that we contemplate the terminaion of life, not confining ourselves to a one-sided heroic effort to prolong life, but rather to make an inevitable death process more comfortable and dignified. General hospitals, nursing homes or state facilities with their panorama of bottles, tubes, pipes, resuscitators, respirators, pacemakers, blood transfusions, etc., impress an individual with this necessity. Witness a patient 85-years-old with a terminal blood condition, three transfusions daily, to a total of 65, with six emergency resuscitation calls sounded before he was allowed to die. Imagine the family's emotional turmoil, its economic bankruptcy; yes, bankruptcy at all levels of government from millions of such episodes.

Prolongation of meaningless life through modern medicine is more inhumane than a peaceful natural end. Physicians are noncommittal—while nurses and the elderly (both so much closer to the dying patient) are heartily in accord. The latter fear more the senseless prolongation of the death process than death itself. Pope Pius XII refuted charges of euthanasia, stating in such cases heroic measures are unnecessary.

Recalling Carl Sandburg's thoughts, "Death, like birth, can be glorious," give me dignified death as pictured in the deathbed scenes of Lincoln and Washington.

R. O. Beckman
Senior Service Foundation in Miami, Florida, and writer of "The Vintage Years", syndicated newspaper column.

Lodged at the very heart of getting Conference action is societal prejudice, not on the Conference agenda. Few of us take growing old for granted until we reach later life. Research into personal opinion about age shows stereotyped apathy or rejection by young and middle-aged. This trend would doubtless be greater had the respondents not been subject to embarrassment like that which a man feels when he is asked if he has stopped beating his wife.

A survey by New York State University indicates that 40 percent of our population is more or less afflicted with a mild neurosis called gerentophobia—dread of old age. Senior citizens are jostled through a door marked "This Way Out" into what is speciously termed the "Golden Years." For those in poverty or pain, time goes round a circle: each day is like every other. Joys of spring are past and harvesttime rewards are few.

A new era for old age involves crashing the major roadblock to public acceptance—gerontophobia. Stereotypes can be replaced with understanding empathy by governmental initiative. Senior power also requires skilled, rational leadership. Old age won't be redeemed if our grandparents use rabid dissent, stay sitting in their rockers, or, like old crows, scold from the tree tops.

When will we no longer thrust a crown of thorns on the brow of old age and crucify it on a cross of scorn and cynicism? A task force of behavioral scientists, public officials and communications media should indicate efficacious ways of abating popular bias.

RETIREMENT AND ROLES FOR OLDER PEOPLE

James F. Conner
El Paso, Texas

Mr. Chairman, it's an honor to be Delegate-at-Large to this Conference by Presidential invitation. As such, my commitment is to the silent majority of senior citizens rather than to the organized minority. It speaks well for our government and this Conference that all are represented.

Most aspects of retirement have been experienced by this Delegate. This has taught: (1) we cannot run away from ourselves; (2) we can regain community identity and esteem by sharing our talents with the present and future, foregoing self indulgence. These are not idle words; they refer to achievements without government subsidy or recognition for a self-help program by older Americans.

Before we seek to share the fruits of today's workers, we should first separate our wants from our needs. At the same time make sure the older needy have their needs. Then we will be in a position to collect the presumed debt owed us by society but only after we have deducted our obligations to society.

Social Security increases, to which we have not contributed, should be allotted in a manner as to give the lowest income group the greatest number of new dollars. To do less than this would cast a shadow of insincerity upon our efforts.

The main source of well-being comes from within ourselves as we strive to fill our cup of life, not from sitting on the curbstone of time waiting for others to fill our cup. Dare we meet this challenge.

Raymond Wing, M.D.
Easton, Pennsylvania

It is obvious that many of our older persons are second-class citizens. The reasons for this are mixed—some stem from failures of the individuals themselves, but others result from forces over which they have no control.

Any physician in active practice caring for older persons sees case after case in which mandatory retirement serves as a shock resulting in a feeling of inferiority not only to the retiree, but to his spouse and others of his family as well. In contrast, retirement for disability or from choice does not seem to result in the psychological state that produces the feeling of second-class citizenship.

Much is said today about youth orientation in our society. Any observer can note that many of the young and relatively young have little patience with the lack of productivity on the part of too many able older persons. The feeling is that the aged consume, but younger persons pay. Perhaps no one should complain where this is necessary, but one wonders if a system whereby able older persons are offered incentives to do useful work, and also penalties if they do not, would help to resurrect older persons from second-class citizenship and put them back in the main stream of life. Able older persons should be kept in the producer class. There is no question in the minds of many that this alone could do much to improve both physical and mental health for older persons.

Alexander Reid Martin, M.D.
Psychiatrist, Old Lyme, Connecticut

I urge your sustained interest in Issue III of our committee which reads: "Should society adopt a policy of preparation for retirement and education for life off the job?"

Forty-two states unequivocally endorsed this issue, many recommending such education to begin in childhood and continue throughout life.

This mandate is a fitting response to the late President Hoover's warning: "Our civilization's future will not depend upon what man does on the job, but what he does in his life off the job."

For generations, our education has prepared us, almost exclusively, for life on the job. All our values, philosophies, our yardsticks and our attitudes towards social issues, the young and the aging, are strongly conditioned by such education. Consequently, the shorter work-week, work-year, the lengthening of retirement establishes a new world for which we are educationally unprepared. Because of this, the vast creative resources of our retirement population remain virtually untapped.

Thus, we face a serious social condition, the symptoms of which are the immediate concern of this Conference.

Issue III, however, aims to eradicate this underlying social condition, i.e., a grossly unbalanced development of our inner resources because we have only prepared ourselves for a work-a-day world. Now we must also prepare for a free-time world.

Education for life off the job must complement education for life on the job.

This calls for a whole new concept of education—NOW. This calls for action—NOW.

E. S. Christoffersen,
Mayor, City of Turlock, California

There is nothing as stimulating to a person as involvement. In Turlock we needed sewer expansion involving a $2 million bond issue. By involving the aging in this issue, they became our best supporters.

Let me relate what happened in Turlock, a community of 14,500. Through fund-raising activities, the aging raised approximately $65,000. An aging committee came before the city fathers asking for property and landscaping for the structure. This was granted. A successful community drive raised the balance of the money.

April 1971, we dedicated this beautiful, versatile Turlock Senior Center. Various uses of the building are administered by the Recreation Department and owned by the City of Turlock.

May I suggest that every community not having an aging organization organize one immediately and initiate projects for raising funds for an assembly hall.

The Seniors of Turlock are so proud of this new beautiful building. They could not have had that personal pride had it been built by Federal or State grants.

The Pilgrims were seeking a country where there would be total freedom of worship and speech. They so dedicated themselves to God, allowing nothing to hinder these goals. This is why we have a wonderful America.

One cannot overemphasize the importance of making God first in every undertaking whether individual or problems of our Nation. There is no problem too big for our God. The weakness is that too many lack faith and worship of our forefathers. Let's return to our country's foundation—worshipping our God.

Walter J. Porowski, Jr.
National Ombudsmen's Institute
Unionville, Connecticut

WHEREAS, the career of ombudsman has been spreading since 1967 throughout the Nation to investigate complaints for the little man, in dozens of different kinds of government and community agencies, such as health, education, housing, drug abuse, youth, minorities, etc.;

WHEREAS, The White House Conference on Youth this year voted to establish Youth Ombudsmen and women for all youth problems;

WHEREAS, such a red-tape cutter is especially needed for older citizens to help prevent wrongdoing by public officials or abuse of power;

WHEREAS, the State of Florida has already piloted Senior Citizen ombudsmen for counties in Florida;

WHEREAS, New York State WHCoA delegates called for ombudsmen for aged citizens (also delegates of other states);

WHEREAS, eighty-seven percent of WHCoA delegates polled agreed an ombudsman-advocate would be an important breakthrough for the aged;

WHEREAS, Dr. Flemming and many leaders of national associations for the aged have gone on record approving this new role for the aged;

WHEREAS, rural and city aging, well-to-do or poor, could benefit from a national corps of senior citizen ombudsmen, for local, State or Federal agencies, for health, education, housing, poverty, minority, transportation, nutrition, employment, recreation and other problems;

BE IT RESOLVED THAT, The White House Conference on Aging go on record as recommending that new careers of ombudswoman or ombudsman-advocate for the aging be considered when preparing a national policy.

The White House Conference on Aging (on December 1, 1971) recommended such a national policy.

Alfred H. Foxcroft
President, Leisure World Stars, Inc.
Laguna Hills, California

Retirement may be a pleasant anticipation or a dread of the future.

It is generally agreed by authorities in gerontology that stimulating physical exercise is necessary to maintain good health, and it is equally important that one should exercise his mental processes to avoid senility and other health problems.

Many people, when reaching the recognized retirement age of 65, are not prepared for the shock of sudden mental and physical inactivity and the feeling of not being wanted or needed. This transition could be accomplished much more efficiently and gracefully through a tapering-off process.

It is my suggestion that labor and management be encouraged to adopt a policy in respect to retirement, which would accommodate those desiring early retirement, as well as those both mentally and physically able to continue working and wishing to do so. This plan could be an arrangement on a voluntary basis, calling for gradual reduction in working hours with corresponding reduction in income.

As a basis for discussion, I would suggest a schedule along the following lines: Salary to be based on 100 per cent prior to age 55 and a 40-hour week. Beginning at the age of 55, 35 hours per week and salary to be 87.5 percent of base pay, with corresponding reduction in hours and wages each 5-year period thereafter. Under this arrangement, a need for additional help would be created, thereby improving the unemployment situation.

Varying conditions in industry would require some flexibility, but the basic plan could remain the same.

Robert Sharp
American Federation of Senior Citizens,
Dade County Chapter, Inc.
North Miami Beach, Florida

There is a vast amount of land that is owned by many cities, counties, also by many States. Some of this land could be used to build housing for our elderly in many States in our Nation. There could be communities built in some areas. Programs could be initiated as our older people have millions of hours of talent that they would offer. We would not be a burden to anyone. This plan would help the States' and Nation's economy; at the same time this would help the problems of our older people.

Speaking for our older people, we should consider this recommendation and try to work out this problem with our city, county and state government. In this way we can live in dignity, contentment and happiness.

I do hope some of our city, county and State officials can see eye-to-eye with us and help us and more people have compassion for us and do not deny us our rights that we well deserve.

Domingo Delgado
Senior Citizens Recreation Specialist,
County of Los Angeles,
Department of Parks and Recreation,
Los Angeles, California

Premise

The California Committee on Recreation believes that the White House Conference on Aging has failed to recognize the importance leisure time plays in the lives of senior citizens.

Justification

Today our thoughts should turn to what recreation really means, since the word has many meanings. Recreation, in whatever form it takes, is a basic human need, and its value to humanity cannot be too strongly emphasized.

Recreation as a worthy use of leisure time is especially rewarding, and participation of senior citizens in wholesome programs stimulates better physical and mental health, and increases longevity. It requires well-planned programs to get seniors to participate—taking more interest in community affairs, accepting volunteer assignments or part-time jobs in recreation, and other meaningful pursuits. These programs give the elderly a feeling of "belonging"—that someone cares about them.

Proposal

Recognizing the value and importance recreation plays in the lives of senior citizens everywhere, this conference should concern itself with setting up governmental policies on aging for the Seventies that will bring the recreation field into national focus. Early retirement and a shorter work-week has expanded the need for recreational programs.

This committee further proposes that the White House Conference develop a Special Concern Session on Recreation for the Elderly, and set guidelines that will give a positive directional policy on recreation.

THE FAMILY AND AGING

John R. Devitt
Assistant Corporation Counsel,
Milwaukee County, Milwaukee, Wisconsin

WHEREAS, The mobility of modern society and consequent loosening of family ties has had an adverse effect on elder Americans, for many of whom there is no longer a place in the homes of their children; and

WHEREAS, There is a growing need in our time to place new emphasis on, and to re-affirm our dedication to, the cause of strengthening national family values; and

WHEREAS, A beginning step in this direction would be to set aside one week in each year to focus the Nation's attention on family needs and concerns; and

WHEREAS, The period surrounding the national observance of Thanksgiving in November of each year is traditionally a time for family gatherings and reunions and is a suitable occasion for calling attention to the importance of home and family ideals; therefore, be it

RESOLVED, That the Congress and President of the United States be requested to enact appropriate legislation to declare that the week in which Thanksgiving is celebrated each year under Act of Congress be officially designated as American Home and Family Week and that the Sunday of such week be designated as Family Sunday-U.S.A.; and be it

FURTHER RESOLVED, That all citizens be urged to observe these dates with serious reflection and to realize that the principles of family responsibility to spouses, children and parents, as well as the importance of the stability of marriage and the home for our future well-being, require renewed allegiance and every-day implementation.

Stephen T. Szilagyi
Philippus United Church of Christ,
Cincinnati, Ohio

Introduction

Present day realities for grandparents and for families are that grandparents are the unrecognized victims of the 50 percent divorce rate. Because of the personal problems of the parents and the circumstances of the breakup of a family, grandparents find themselves cut off from personal contact with their grandchildren. For the grandparent whose child has custody there is not the same situation as that of the grandparent whose child has an obligation of support and visitation but not custody.

What to Do

It is recommended that the Conference speak out on this problem. If it is possible to support legislation at the national or State level which would grant visitation privileges to grandparents, it may be that the courts will act to support this national human need. Only two jurisdictions have spoken out in statutes on this subject. This privilege would be a valuable addition to the rights of senior citizens in all jurisdictions.

ECONOMIC SECURITY IN OLD AGE ASSURING AN ADEQUATE INCOME

Thomas G. Walters
President,
National Association of Retired Federal
Employees, Washington, D. C.

I am Thomas G. Walters, President of the National Association of Retired Federal Employees on whose behalf I am appearing. The National Association of Retired Federal Employees is a fifty-year-old, non-profit, association.

The main objective of the Association is to secure beneficial legislation for improving the general welfare of Civil Service annuitants and correcting present inequities in the Civil Service Retirement Law. Its legislative accomplishments in the past have more than justified its existence, by achieving liberalizations in the Retirement Law, various increases in annuities, the establishment and increases in survivor benefits, and the establishment of health coverage for Federal retirees. Tax benefits (local, State and Federal) and additional veterans' compensation applicable to Federal retirees have also been achieved through NARFE's efforts.

Our major concern at present is to secure financial relief for retirees who have been forced into poverty-level existence through no fault of their own, and to have adequate health care made available to the elderly.

As spokesman for a large number of Senior Citizens, the Association is greatly interested in problems of the aged and aging and is intensely active in pre-retirement counseling throughout the Government service.

Richard P. Butrick

Delegate Representing the Diplomatic
and Consular Officers, Retired,
Washington, D. C.

I am Richard Butrick, senior delegate from Diplomatic and Consular Officers, Retired.

Most retirees of the diplomatic and consular services fall within the middle-income group, that vast group of Americans comprising not only ourselves but most Federal, State, county, and municipal employees, the plumber, the carpenter, the mason, the transportation worker—the butcher, the baker, the candlestick maker. This group participates fully in the life of the Nation, sends its children to college at no small expense, pays the bulk of the taxes, either directly or indirectly. Because it is self-reliant, it is easily dismissed from our thoughts and considerations. It deserves better!

The middle-income American usually has something saved for his old age but, as our society is presently constituted, one serious illness can wipe out his entire life savings. This should not and must not be, and this Conference must address itself to the problem.

How must the middle-income American be assured of a satisfactory old age? He must have full protection against the exhorbitant cost of illness. In considering such matters as housing, transportation, and nursing homes, he must be included. He must be protected against inflation either by increasing his income or by reducing taxes. While this great Nation must make adequate provisions for the needy elderly, it should not and this Conference must see that it does not disregard the middle-income American who, in fact, has built and supported this Nation throughout its history and continues so to do.

Dewey Auchter

Senior Citizen Area Council,
Baker, Union, Wallowa Counties
La Grande, Oregon

The greatest and most urgent senior citizen's needs is adequate income. Low earnings in our productive years has put our generation at a distinct disadvantage in today's affluent society. We are caught in a tight squeeze of an inflationary economy. Our seventy-five cents an hour average earnings, and savings have accrued through these earnings, are not competitive on today's market for goods and services. We cannot pay seven dollars an hour for carpenters or plumbers; nor can we hope to use professional services without soon depleting our meager savings (if there are any) before becoming destitute and a prospect for welfare.

We are a proud and deserving people and the stipulation to be thus recognized by our Nation's highest authorities becomes urgent—is logical and pertinent. Therefore, the Administration and the Congress should proceed at once to enact laws that will do away with discrepancies, prejudices and discriminating practices now so evident. Income is an extremely important determinate of the elderly individual's sense of well-being. Only with adequate income can our aged lead meaningful self-respecting and independent lives. Minimum income under Social Security needs to be brought up to Bureau of Labor moderate living income standards and corrected each year to meet price index fluctuations.

Cost of program to be shared through employer, employee payroll tax deductions and general revenue sharing. We have earned our keep. The challenge is yours to pay this debt!

Tom Riley
State Senator, Des Moines, Iowa

As a member of the Iowa State Commission on the Aging and delegate to this White House Conference, I conducted regional conferences of senior citizens in Cedar Rapids and Clinton, Iowa, prior to this national Conference.

These two local conferences gave area elderly the opportunity to voice their opinions to me so I, in turn, could better relay their views to you today.

Through these local conferences and the additional forum of direct mail questionnaires, the opinions of some 2,000 eastern Iowa elderly were received.

Forty-two percent of these people believed the "high cost of health care" was the most serious problem facing Iowa elderly. Thirty percent of the people marked "property taxes" as the most serious problem.

Based on the 2,000 opinions I received, I make the following recommendations:

1. Old Age Assistance payments should not be reduced when Social Security benefits are raised.

2. Social Security benefits should be increased to minimum of $200 monthly.

3. Social Security benefits should increase automatically with the cost of living.

4. Legislation should be enacted to restrict mandatory retirement laws.

On the subject of mandatory retirement laws, let me add that it is a tragic human waste to arbitrarily force retirement at a given age. Those persons who prefer to continue at their jobs should be entitled to do so.

Senior employees bring experience, reliability and loyalty to their work. Harsh, indiscriminate industry practices should not frustrate those desiring to continue working at age 60 or 65.

Robert J. Myers
Professor of Actuarial Science,
Temple University
Philadelphia, Pennsylvania

Governmental action in providing economic security for persons at the older ages should be limited to the establishment of (a) a social insurance plan which gives an economic floor of protection upon which the individual (along with his employer) can and should build and (b) a supplementary public assistance program which will take care of the residual economic needs of the small proportion of persons whose income from social insurance and their own efforts are not sufficient for a reasonable standard of living.

Conversely, social insurance should not by itself alone provide income which is sufficient to take care of the economic-security needs in full of the vast majority of the people. To do so would be unwise and undesirable because of the resultant transfer of all individual responsibilities in the economic area to the government. This would result in the dimunition of individual freedom of choice and initiative, as well as having other serious effects on the national economy.

Specifically, if all pensions are provided under governmental plans, the private savings area would be dried up. This would have a catastrophic effect on the growth and development of private industry.

The present level of Social Security benefits meets the test of adequacy as a floor of protection, since less than 10 percent of all beneficiaries over age 65 require cash public assistance to meet their day-by-day needs. Therefore, the level of benefits should not be increased in the future, except to reflect changes in the cost of living.

John Doyle Elliott
Townsend Plan National Lobby
Hyattsville, Maryland

This Conference is not gathered because all is well with Social Security and misnamed Welfare—but because very much is wrong. All our policies and programs—public and private combined—so far employed have failed to correct the punishing lack of money-income, the very license to live, of the aged.

We must have prosperity-sharing retirement for every American as an inherent right, instead of impoverishing retirement for most. Without it economic failure and dependency must remain life's final rewards for multitudes—with futility mocking all our other achievements. Our country can't know the social harmony, happiness successfully pursued, necessary to fulfill America's promise of peace with justice and ever-growing freedom for mankind.

Prosperity-sharing retirement requires a minimum Social Security benefit for all persons alike, covering all business and all occupations all the time. It must be money enough to assure prosperity-sharing retirement even for those caught with no other resource; and with all others having their other assets on top of their Social Security benefits. Nothing else is just to both beneficiaries and contributors.

This will not take a dollar out of our country, economy, or out of any honest interest, or life. It will all be money circulating in every community, fully and prosperously functioning.

There are only bad reasons for not having this incomparable boon, not a single good one.

Prosperity-sharing retirement for all Americans indiscriminantly should be this Conference's primary policy-recommendation.

Richard P. Brown
Executive Director,
Home Health Services of Louisiana, Inc.
New Orleans, Louisiana

We heard many words at the opening session about this Nation's concern for the well-being of its elderly.

I suggest that one does not express true social concern by providing health insurance programs with fine print that is administratively changed to meet the current problems of the budget.

Under the present Medicare program, we essentially say to the elderly person who is ill, "Well, I see you are sick, you have worked hard for many years and contributed to the wealth of our Nation, so we might pay part of your acute health care bill if you can find your own way to the services, and as long as you don't require more than 100 home visits, or use up your lifetime hospital reserve days. Our concern is limited to the extent of your Medicare benefits."

Insurance is a poor way to fund health care for the elderly. Besides the fact that in its present form it meets only partial needs, it also creates a large and expensive burden.

It is time that we stopped forcing the elderly into institutions so they can qualify for the benefits to be measured out in coffee spoons.

Kay McGovern
Irving Park YMCA, Chicago, Illinois

Concern: This Conference concerned with the "quality of life" issues of older Americans should as its first priority strengthen the financial base of all. Let us recommend that we start by eliminating legislation that now discriminates against those who stay in the job market. The limitation on earnings that allows unearned income but reduces Social Security benefits on earned income is legislation that inhibits, frightens and discourages the older American.

CONTROL OF INFLATION

Thomas G. Walters
National Association of Retired Federal Employees Representing Citizens for a New Prosperity, Washington, D. C.

I am here on behalf of a group of concerned citizens who have organized a committee known as "Citizens for a New Prosperity." This is a nonpartisan, nationwide organization composed of men and women from all walks of life who believe that the far-reaching objectives of the Nation's new economic policies are in the interest of all Americans. These objectives are: stopping inflation, creating full employment, and making American products and services competitive around the world.

We all recognize that economic progress cannot be achieved through decision and action in the executive and legislative branches of the government alone. Economic stability depends greatly upon what individual citizens feel, believe, and want to do.

We have suffered too long with an inflation psychology. We have assumed too long that the only direction for prices to go is up; our indifference and lack of concern has permitted inflation by default.

If ever one segment of our population needed a voice raised in its behalf, it is the retired and elderly whose meager average income is stretched to the breaking point.

What can you do to help? Encourage your friends and community leaders to stand against pressures and activities which perpetuate the vicious cycle on inflation. Distribute materials which are available from Citizens for a New Prosperity, 1627 K Street, Washington, D. C. Samples are displayed in the auditorium along with information on the Committee.

We all can contribute to strengthening public confidence in the health and stability of America.

Martin K. Bare
Lancaster, Pennsylvania

Our Lancaster, Pennsylvania, delegation was pledged to present to the White House Conference the issue of number one importance to Lancaster senior citizens, and of paramount importance to older citizens everywhere, namely, the elimination of inflation.

Inflation is the number one enemy of persons on relatively fixed incomes, and ranks above income (except for a floor providing food, shelter, clothing) improvement of Medicare, property tax relief, etc., is the number one senior citizen concern.

For far too long our government (both executive and legislative) has contributed to inflation by imbalanced budgets. Unions have participated by demanding wage increases far exceeding productivity, and business has shared by granting these increases, and passing the costs on to the consumer.

Senior citizens must organize to halt this inflationary spiral. A non-partisan, lobbying effort must be organized, not to promote senior citizens spending programs, but to control and reduce overall spending by government, supported by labor leaders.

A fair question is, "How can our friends who vote for economy be identified?" A very good guide is the pamphlet issued as "National Associated Businessmen—Economy Voting Record." This lists the record of each senator and representative on 12 important bills directly showing whether they are economy or spending advocates, and rates their percentage in support of economy.

It is essential that we keep in office those legislators who vote for economy, regardless of party, and replace those voting for spending. It is our senior citizens' best method to kill our worst enemy—inflation.

Sam Shaw
Moundsville, West Virginia

One of the most vital measures needed for improvement of the lot of the next crop of elderly is to stop INFLATION. Inflation trims a person's retirement buying power to about half of what he projected in his early working years.

It is time to get the general public to quit enjoying the things it wants that are inflationary:

—A uniform minimum wage law, same in the high-cost-of-living cities as in economical rural areas, is a "guaranteed inflation" law.

—When Congress orders the postal worker in Moundsville, W. Va., to get the same pay as the New York City postal worker, it fans inflation.

—When the government requires highway contractors to pay what is actually the highest wage scale to be found in each community, that inflates.

—When Congress tries to cut employment below six percent, that is inflationary. Perhaps three percent of people are the kind who just don't work until inflation-producing prosperity is waved at them.

These are just a few items in the long catalogue of inflationary luxuries.

TAX RELIEF

Kenneth E. Dunlap
Former National Editor,
Armed Forces Comptroller
Arlington, Virginia

Congress recognizes that the Federal Government has an obligation to State and local governments for depriving them of substantial revenues in the form of real estate property taxes on property owned, in many instances occupied, and controlled by it.

The purpose of this recommendation is to provide property tax relief to elderly homeowners and renters by providing the making of fair and equitable payments by the Federal government in lieu of property taxes to State and local governments which will compensate in part for the resultant loss in tax revenue.

On the other side of the ledger and in order to meet these needs, I, as an editor, auditor and retired government contract negotiator, submit a plan, which if approved by Congress, will provide substantial revenue to offset this proposed Federal payment by the reduction of certain defense costs. I am including this as a major part of my recommendation for review by an appropriate committee of Congress.

I ask for your prayerful consideration of my two-fold recommendation. It's high time we alleviate the many problems of our elderly, realizing full well that we fall tremendously short of matching, dollar for dollar, the foreign aid program.

Jerry P. Johnson
Arlington, Texas

The Federal Government should suggest to all States that homestead taxes to persons over 65 years of age be proportionate to their income at the time of retirement and their retirement income, e.g.:

Person at time of retirement has income of $20,000.

Paying total ad valorem taxes of $800.00, retirees with income of $5,000 will pay $200.00.

PROBLEMS OF AGING AMONG THE MINORITIES

Hobart C. Jackson
Chairman,
National Caucus on the Black Aged
Philadelphia, Pennsylvania

It seems appropriate that I should summarize a few of the general concerns of the members of the National Caucus on the Black Aged.

These general concerns are in addition to our very special concerns about improving the disgraceful plight of the Black elderly and the elderly of other minority groups—a plight that so desperately and urgently needs improving.

Many of us view the special problems associated with aging as simply a microcosm of the overall problems of the Nation and we wish to direct attention to the need for changing as expeditiously as possible our national goals and priorities to give much more consideration to alleviating human need.

According to the Kerner Commission report issued several years ago, the major domestic problems which we face are racism and poverty. Our systems and institutions have utterly failed to irradicate either and the situation tends to get worse and is compounded by this senseless war in which we are engaged.

There seems to be absolutely no sense of urgency by our leadership about this problem.

We must move in the direction of developing one human services system.

Perhaps the most devastating aspects of our nonsystem shows up in the lives of those persons who are Black, poor, aged, disabled, and handicapped, in the multiple jeopardy they encounter in their daily lives.

We must devise a single system that will alleviate the needs of all, otherwise we'll always have this dual and fragmented approach and a dual and fragmented delivery.

Henry Tanaka,
President-Elect,
National Japanese American Citizens League
Cleveland, Ohio

I represent the only national organization for Japanese Americans.

I speak on behalf of 1.5 million highly visible, but neglected and forgotten group of Asian Americans.

There is a myth that Asian Americans have no problems because of strong family ties. This stereotyping has been reinforced by certain cultural traits—pride, honor, perseverance, and family loyalty and control.

Asian Americans have been victims of racial discrimination and unlawful treatment for 120 years, dramatized by the incarceration of Japanese in America's concentration camps. The plight of today's elderly Japanese Americans can be attributed to that despicable event. Sociologists tell us that the greatest harm resulting from this experience was the separation from close family ties.

Over 50 percent of the elderly Japanese Americans in Los Angeles are public assistance clients. Many are receiving Social Security benefits, but substantially lower than what they might have earned because of disrupted employment during their detention.

A recent survey revealed that 34 percent of the elderly Japanese Americans have not had dental or medical examinations for years, that suicide rates among Chinese Americans are three times those of other elderly Americans.

Most elderly Asian Americans cannot speak English. The lack of bilingual, bicultural workers in public agencies has created a major problem of communication.

Elderly Asian Americans are accustomed to a diet of rice, dried seafoods, and pickled radishes which cannot be purchased with food stamps.

During the past biennium the Federal Government spent $3.2 million to identify the needs of the elderly; none on Asian Americans.

Rosa J. Vasquez
Executive Director,
Accion Community Center
Miami, Florida

We represent the Cuban elderly and *"Los Viejos Utiles"* (the useful aged), Cuban group of elders who want to be useful, but feel that they have been set aside by the system. In the Miami area there are around 100,000 Spanish-speaking people.

We are requesting parity in all programs that exist now for the elderly, taking into consideration the language and cultural barriers that can be overcome by the use of bilingual and bicultural programs. These programs should be organized by the aged themselves with the appropriate design and delivery of services according to their way of living and culture. Therefore, it is important that the planning, the budget allocation, the program designs and development should be in the hands of the bilingual, so needs can be met more efficiently.

We Cubans, refugees, residents, and citizens pay taxes in the same fashion as the community at large. We expect our tax return in services that take into consideration our cultural needs.

The day care for the elderly, the homes for the aged should consider the bicultural and bilingual needs. The training and staffing of these programs should consider this group and make use of it.

We formally request that action be taken at all levels of government—Federal, State, regional or local—and on private funds, so parity is exerted for the benfit of the elderly Cubans. Our elderly cannot survive in a system they cannot understand. Let them live properly once you allow them to come to this country.

SERVICES FOR THE ELDERLY

FACILITIES

James L. MacKay
San Antonio, Texas

The recipient of service is an individual. The normal environment of an individual is his home. This home may be with members of one's family, in a congenial foster home, in a residence for the elderly, or living alone. When we have a home, we are living as independently as our condition permits; we take part in making decisions; we belong.

Adequate housing, nutrition, activities and health care are functions of the home. The home is part of a neighborhood as are the church, the shopping center, and the adjuncts of health care should be. An active neighborhood eliminates much of the need of transportation.

While problems of income, Medicare, etc., are awaiting national action, the adequate use of available facilities will provide more services at less cost than the present hodgepodge system. Therefore, I present two recommendations:

1. The AoA be funded to assist local communities to inventory their present facilities for caring for the aging and to establish a central office for storing, updating and distributing these data.

2. The AoA be funded to help local communities establish neighborhood centers for maintaining activities and counseling facilities and for coordinating health and other facilities.

Joyce Leanse
Consultant on Senior Centers,
The National Council on The Aging, Inc.
Washington, D. C.

A major goal emerging for the Conference is the provision of services which will permit older persons to continue living independently in the community, avoiding institutionalization.

The National Institute of Senior Centers, a program of the National Council on the Aging, urges government support for the development of multipurpose senior centers to be used as a vehicle for the delivery of these essential services.

Senior Centers have demonstrated their ability to effectively provide services, activities and a variety of opportunities for older people. Unlike most other service agencies, Centers are associated with wellness and the prevention of illness. By providing an easily identified site, and an atmosphere conducive to involvement, they make available a range of programs which promote independent living and enhance social functioning.

Properly financed and operating as an ongoing government service, Centers could become the foundation for any such additional services as the various levels of government and the voluntary sector wanted to provide.

We recommend that the Federal Government make a commitment to develop a delivery system for programs and services designed for and with older persons, available and accessible in every community. To support the concept of *Action Now* we believe that the senior centers currently operating provide a foundation from which a comprehensive, nationwide system can develop. To help realize the potential of the senior center and to assure the availability of accessible focal points for these services, we further urge federal support for the development, maintenance, and operation of multipurpose senior centers.

Monseigneur Lawrence J. Corcoran
Secretary of the National
Conference of Catholic Charities
Washington, D. C.

We have been pleased with the emphasis on spiritual values which Dr. Arthur Flemming, Chairman of the White House Conference, has given to this gathering. We join with our fellow Delegates in pressing for more adequate income, housing, health care, and other services and facilities for the aged population. We accentuate as strongly as possible the importance of spiritual and religious considerations to the elderly. Their spiritual needs must be recognized, and the meeting of these needs accorded the highest priority. This should be a major resolve of the White

House Conference and a major challenge to the citizens of America.

Further, we wish to raise a question pertaining to the cost of the delivery of human services, including services to the elderly. The cost of these services is constantly increasing, and there is great difficulty in finding funds to finance them. At the same time, we note the increasing amount of profit being made on these services. We question whether the elderly, and others in need of human services, should be burdened with this added cost, the cost of profit for the entrepreneur. We question whether the hard-to-get tax funds should be spent for the profit, or excessively high salaries, of those providing human services.

We think that this question must be raised and examined. We have serious reservations about making profit, or receiving excessively high income, from the delivery of human services. This White House Conference on Aging should examine this question as it relates to the provision of services and care for the elderly.

Lois Oliver
Warren, Oregon

Old age brings new problems. Thoughts and movements become slow; once simple matters of keeping house and taking care of oneself gradually become too much. At such a time, a person needs a place to live where he can feel at home, where he can do as much as he is able even though he may be slow, to be cared for only when he is unable to care for himself, to do things that have meaning and interest, and to be able to do something for someone else—not just sit and be entertained! He needs to keep in touch with friends and relatives and with his church and lodge or club, to find new interests when old ones are lost, and to have companionship with people his own age.

The assumption is that he will go through successive stages: home, a small apartment, intermediate home, then possibly, a nursing home.

This intermediate home must be a place where he can have some of his belongings about him. He can be independent and a whole person with a comfortable home, good food, recreation and companionship, where he can live in dignity at a reasonable cost.

With such a home, the trip to the nursing home can often be postponed for years.

These homes are desperately needed across the entire country.

HEALTH SERVICES

William Kesselman
Sickroom Service, Inc.
Milwaukee, Wisconsin

I have been a licensed health professional for over forty-three years. As a neighborhood pharmacist, I see the consumer of health services more frequently than other health specialists.

Today, those in need of therapeutic aids from traction equipment to breathing machines find the pharmacist prepared.

However, surrounding the pharmacist are health organizations operating under two magic phrases: "voluntary agency" or "not-for-profit organization." They cannot deliver services more efficiently because their unit cost is higher. Instead of contributing to the tax base, these organizations use tax dollars, either directly with matching funds, or as charitable dollars contributed to the organization rather than the U. S. Treasury.

I plead for health services as the criteria instead of the type of sponsoring organization.

For a half-century, the neighborhood pharmacist has been practicing clinical pharmacy, known then as counter prescribing. We can still save both the doctor's time and cost of hospital beds.

Assigned to the Training Section of this Conference, I brought with me, as requested, copies of our Sickroom Service Training Program. This program helps the neighborhood pharmacist, in cooperation with the Home Health Agency, to train and supervise the para-professional in the use of therapeutic equipment. So let's use the neighborhood pharmacist, with special training in utilization of convalescent aids, in an extensive Home Care Service to not only save tax dollars but to deliver excellent and efficient health services at HOME.

I strongly urge that any health care policy include home care.

Arthur Elfenbaum, D.D.S.
Chicago, Illinois

The mouth is an integral part of the body entity, and any disorder in it may be correlated with a disturbance in any other part of the body. An infected tooth may be the cause of a heart failure, and bleeding gums may be the effect of a generalized blood disease. Only a dentist is qualified to determine the relationship and to recognize it in its earliest stage. Dentistry is a health service, and no health program can be called comprehensive unless it considers oral health.

In addition to being the mouth physician, the dentist is also the expert in mechanical and cosmetic oral rehabilitation. It is not always essential to provide a person with an extensive and expensive oral rehabilitation to enable him to enjoy the pleasure of eating, speaking more plainly, and presenting a more pleasing facial expression. Possible sources of infection must be removed from the mouth, the remaining teeth, if any, must be restored, and the patient must be provided with a sufficient and efficient chewing mechanism.

With the rapid increase in the number of elderly people in our population (3 million in 1900; 20 million today), their oral health is the main concern of the American Society for Geriatric Dentistry, especially if they cannot afford the services of a private practitioner. We have enough dedicated dentists who are willing to provide the necessary geriatric dental service for those who need and want it, but the cooperation of local, state and Federal public health agencies is essential.

Edward C. Carney,
Executive Director
Council of Organizations Serving the Deaf
Washington, D. C.

Can you hear me? Over 500,000 profoundly deaf elderly Americans could not hear me if they were here. Fifty thousand of these persons always have been unable to hear. They deserve a few minutes' use of your ears.

You are convened to plan for improved services to elderly Americans. The benefits of many of these services will be denied to deaf persons unless there is more awareness of the communication problem. Deaf persons experience difficulties in learning about available services, and in understanding and making themselves understood when attempting to secure their rights. Their rights are all they ask for!

Elderly deaf persons have not been articulate. They are doubly burdened by the general indifference of society to this invisible handicap. The last White House Conference on Aging made no specific provisions for aged deaf persons. The Administration has no program designed to alleviate the joint problems of aging and deafness.

Deaf people want to participate in decisions affecting their lives. Regardless of lip-reading skills, no deaf person can follow and participate in a group discussion without an interpreter. We ask this Conference to adopt a policy insuring communication support for aged deaf persons during information dissemination, at points of service, and in group discussion.

You are urged to read and support the recommended policies and procedures to meet needs of the deaf community contained in *Services for the Elderly Deaf Persons.*[1]

Elderly deaf persons need your help. Do not let them continue to be forgotten. Lend them your ears.

V. Eugene McCrary
American Optometric Society
College Park, Maryland

Nearly 100 percent of all persons aged 65 and over have some sort of vision problem. Yet, less than 20 percent of these people are receiving adequate care. One of the major reasons for this situation is Medicare's failure to adequately provide coverage for optometric services. Indeed, only a fraction of all public funds is allocated to the coverage of elderly vision care. As such, an older person, with half the income of those under age 65, is paying for almost 60 percent of his health bill.

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[1] Deafness Research and Training Center. *Services for the Elderly Deaf Persons.* New York University School of Education, New York, N.Y.

Recommendations

The American Optometric Association believes that the final report of the 1971 White House Conference on Aging should contain a separate section on vision care for the elderly. This section should recommend that Medicare be amended to provide recipients with: (1) a complete vision examination upon enrollment into the program and every two years thereafter; (2) the services of the optometrist delivering this care; and (3) payment for prescription eyeglass frames and lenses.

In addition, we recommend that there be an increased emphasis on the provision of vision care in nursing and private homes, through the utilization of house calls and/or mobile clinics.

Optometry, with over 18,000 professionals in 6,239 municipalities delivering over 70 percent of this Nation's vision care, stands ready to do its full share in providing the comprehensive care so urgently needed by older Americans.

Sidney E. Chapin, M.D.

Medical Director,
Home Care Program of Metropolitan Detroit,
Dearborn, Michigan

Physicians are disturbed about the penny-wise-pound-foolish posture of the Social Security Administration (SSA) regarding Home Health Care.

Home Health Care is the most economical method of caring for the sick. Yet, this small (1.5 percent) part of the total health budget is under attack.

Impractical interpretations by the SSA are denying senior citizen patients needed care. Explanations and documentations add immeasurably to the paper work for physicians.

Originally, Medicare promised traditional Visiting Nursing services. Now, SSA reinterpretations have eliminated many patients from eligibility. Decisions completely ignore the moral support patients need to facilitate economical treatment at home.

The patient not completely homebound, or who does not need physical or speech therapy, or "skilled nursing care" is denied services. Yet, patients need other kinds of help to maintain health, prevent complications, promote rehabilitation, and prevent hospitalization. For example:

—There are more reasons why a diabetic needs help in learning to take insulin than potential blindness or senility.

—If a physician is concerned about his patient's response to digitalis, the nurse's skilled services in checking vital signs are not paid for unless the patient has an acute episode.

—To have a nurse determine if he is following a diet correctly is not a paid-for benefit even when language difficulty is present.

—The fiscal intermediary will pay for the Home Care patient's commode or bedpan only if the physician specifically forbids him from using his outdoor privy.

—The elderly spinster living alone is deprived of service for a necessary enema even though there is no relative or neighbor available to assist her.

—When a patient's wife cannot learn to care for his indwelling catheter in one lesson, SSA still rules a nurse's service unreimbursable.

SSA completely ignores the majority of patients' diagnoses and medical situations encountered among senior citizens requiring home health services.

Home Health agencies find themselves hampered in efforts to deliver services. They have been forced into financial straits with payments for services already delivered denied. Physicians are frustrated and discouraged.

Rosalyn L. Switzen,
Director,
National Education Ombudsmen's Association
Unionville, Connecticut

OMBUDSMAN: Swedish word meaning "representative." The ombudsman is hired to represent the "little man" who is helplessly caught in a bureaucracy and needs help to overcome abuse of power.

He functions to service complaints, has clout when he investigates, and can expose information quickly.

He is, above all, a red-tape cutter when there are unnecessary snafus. Since 1807, he has been an intervener, or citizen protector, different from public defender or ordinary complaint or investigation bureau.

In the past two decades, nine countries have adopted this new career. In the United States, the first ombudsman appeared in Minneola, Long Island, in 1967. Since then, thousands of new jobs have appeared on high school and college campuses and in many agencies in the Nation, all acting for the "underdog" as overseer and oversight officer.

Health, Education, and Welfare has just set up ombudsman units to service complaints in nursing homes.

The elderly especially need a powerful intervener to cut through bureaucratic snafus and transmit information better for more effective delivery of services.

The skills of older citizens have not been adequately used to benefit the communities or the aged. An advocate is an important role for senior citizens, able to be combined successfully with the ombudsman role, for even greater clout and efficiency, if proper ombudsmanship training is provided in one-day institutes.

There is an important new career that can open up to aged citizens immediately for five different kinds of ombudsman or ombudswoman jobs.

PROTECTION

Robert L. Lauretig,
Executive Director
Seniors of Ohio
Cleveland, Ohio

Until a national effort is made to provide minimum ancillary supportive social services to the elderly in public housing there can be no sense of security.

There is a growing recognition of this problem. On January 22, 1971, Congressman James H. Scheuer of New York submitted H. R. 447, a bill to amend the U. S. Housing Act of 1937. The purpose of this bill was "to finance security arrangements designed to prevent crimes and otherwise insure the safety and well-being of low-rent housing tenants."

The Ohio Division of Administration on Aging added safety and security to an already-crowded State agenda for the "Governor's Conference on Aging" in Columbus, Ohio. The Cleveland Chapter, Seniors of Ohio, first identified the safety and security problems of the elderly in 1970. This culminated in the formation of a county-wide Task Force on Safety and Security Problems of the Elderly.

Guided by a county-wide Task Force Steering Committee, the elderly were directly involved in reporting crimes and safety complaints. The elderly took responsibility for developing guidelines so better services could be secured. For the first time, the elderly organized and conducted their own safety-security inspection teams of public housing units serving older adults.

A conclusion reached by our Task Force that, once on the streets, the elderly cannot be protected by municipal or specialized police forces. Housing and Urban Development must stop just giving lip service. It must finance a comprehensive social service delivery plan for residents of public housing units.

MANPOWER AND TRAINING IN AGING

Clyde W. Briggs,
Personnel Officer,
The University of Michigan
Ann Arbor, Michigan

I would like to propose the establishment of a scholarship fund to be awarded over the next five years to prepare a minority work force of 15,000 in the areas of geriatrics and gerontology.

Beginning in September, 1972, a scholarship would be awarded to 1,000 graduate students for a one-semester workshop experience.

Such scholarships awarded annually over the next five years would produce a well qualified professional and paraprofessional work force of 15,000 by June, 1977. It should be imperative that the awardees attend institutions with well esablished curriculums in geriatrics and gerontology, and not schools of social work.

Richard L. D. Morse,
Delegate Representing the American
Home Economics Association,
Manhattan, Kansas

WHEREAS, independent home living is preferred to institutionalized living, many elderly persons find this style of living increasingly difficult to maintain with the departure of family members, relatives and friends who cared for the elderly, and the failure of communities to provide substitute supportive services—particularly homemaker/home health aide service;

WHEREAS, America has an abundance of underutilized womenpower among its mature women who are dependents and are potential welfare clients but with training could become contributing members of society as homemaker/home health aides to their own satisfaction and those whom they serve;

WHEREAS, education and training requires financing, such expenditures should be viewed as an investment in human capital which, according to results of the experimental and demonstration project at Kansas State University, can repay society for this investment in training in less than one year;

WHEREAS, America is on the brink of recognizing how this service can enable the elderly, the handicapped and the family in crisis to continue to live at home—unfortunately, this recognition may bring such a surge in demand as to cause and stimulate the creation of *de facto* or "instant" staff who are not suitably trained to fulfill the expectations for service which the elderly and the handicapped have a right to expect;

THEREFORE, it is recommended that quality training programs be initiated NOW to pace the supply of needed homemaker/home health aides and exemplify the standards of service which America's older and handicapped persons have a right to expect.

Erich M. Helbig
Knoxville, Tennessee

May I say a word for some seemingly unmentioned resources for any attack on the problems confronted by the chronologically aged. They are the various engineering professions and the truly technical innovators or inventors within society.

I missed any reference to utilizing or soliciting these segments of our society, both in this Conference's opening remarks and in the statements prepared for our consideration at this Conference.

The "Action Now" demands that have been made here may well find the "hard science" engineers and the pragmatic inventors unexpected sources of assistance.

Note that Ben Franklin gave us the bifocals, or two-lens eyeglasses, that most all of us must use after age 40-45—they are the product of invention—and still the best, 200-year-old, solution available. It now seems desirable that perhaps some new invention and technical scheme replace the glasses over our eyes, I would suggest.

Perhaps an example, in another area, for using present engineering and inventive talents can be the small, personal, radio-frequency, tone-transmitter issued to each chronologically aged person, who desires a means to summon help or assistance. Then a local area monitoring station or receiver may be operated by church groups, fire departments, or even some of the social service agencies.

I would ask—plead—pray that an open mind be kept to proposed problem solutions and concepts from the inventive, engineering, and industrial productive capacities of the Nation. They can provide the independence and dignity so much desired.

GOVERNMENT ORGANIZATION FOR AGING

Fern C. Trull
Weiser, Idaho

We, the official Delegates representing the State of Idaho, support the U. S. Senate Special Committee on Aging Advisory Council recommendation dated October 1971 which reads:

"That an independent agency for the aging—directed by the Assistant on Aging to the President—be established within the Office of the President with the authority and funding levels and fulltime staff needed to formulate and administer policy, coordinate, and monitor programs within and among those departments which have a direct concern in matters relating to aging, that this agency be served by an advisory council, and that it be required to make an accurate and comprehensive report each year on the progress made during the year in resolving problems and in meeting goals specified in the prior annual report, and that this report be issued early enough in the year to have an impact upon the budgetary process for the following year.

"This White House-level office for the aging should have enough prestige and resources to assure that—as part of its advocacy function—it will encourage development of parallel units at the State and community levels. And it would, when the Assistant on Aging to the President deems it necessary, provide funds for innovative programs to appropriate Federal departments or agencies. It would itself, in certain cases, when deemed necessary by the Assistant to the President, initiate and administer such programs until their value is demonstrated sufficiently to delegate to the existing agencies."

John M. Lally,
Associate Director,
Cardinal Ritter Institute
St. Louis, Missouri

We recommend the establishment in the House of Representatives of a Committee on Aging similar to that already established in the Senate. Last March we had the privilege of testifying before a joint hearing of the United States Senate Special Committee on Aging and the Sub-Committee on Aging of the Senate Labor and Public Welfare Committee. We testified on behalf of the Older Americans Act and, in particular, on behalf of the Foster Grandparent Program and Title III grant programs. The Cardinal Ritter Institute operates a Foster Grandparent Program and a senior center which is funded by a Title III grant through the Missouri Office of Aging.

You will recall that last year severe funding cutbacks were proposed for the Administration on Aging. However, as a result of the hearings of the Senate Special Committee on Aging and the Sub-committee on Aging, the proposed budget cuts were reversed and funds were not only restored, but increased for the Title III grant programs, the Foster Grandparent Program and research and training activities. This would never have happened without such Congressional committees. The Senate Special Committee on Aging focuses the Nation's attention on the needs of older people and has been a very effective mechanism in seeing that Congress addressed itself to some of these needs. We need a similar committee in the House of Representatives. We strongly urge our delegation to bring to the White House Conference on Aging a recommendation that such a committee be established.

Blanche Duncan
Member of Governor's Committee
on Aging, Wyoming

If you need a doctor, you call a local physician. If you need your house repaired, you call a local contractor.

To expect the Federal Government to take care of the needs of the elderly at an enormous distance from your home is like putting in a long-distance call to a stranger. Eventually you may receive help after a long delay.

I would like to recommend to the Conference that as many of the issues as possible be implemented at the State and local level with the financial and technical assistance from the Federal Government through revenue sharing.

IMPRESSIONS OF THE CONFERENCE

The Rev. Paul A. Boriack,
Pastor Emeritus,
St. John's Evangelical Lutheran Church,
Rome, New York

The Honorable Earl Warren, retired Justice of the Supreme Court of the United States, moderator; the esteemed Chairman of the White House Conference, Dr. Arthur S. Flemming, and respected Delegates of the Conference. Upon request to make a statement about my impressions of the Conference, especially in relationship to the Spiritual Development Section, may I say:

In my evaluation of the total package of the Conference, one word would give the concept—"COMPASSION"—"feeling your hurts in my heart," on all levels, in all areas of life. And together we are here to do our best to alleviate these hurts.

As soon as I was registered as a New York State Delegate for the Conference, I briefed His Holiness the Pope Paul VI, of Rome, Italy, on the purpose of the Conference, including religious materials, resolutions, and pictures. His response I would like to read to you now.

FROM THE VATICAN, SEPTEMBER 23, 1971

The Secretariat of State is directed by the Holy Father to acknowledge the letter and enclosure recently sent to him by the Reverend Paul Boriack and to express his appreciation of the sentiments which prompted it.

His Holiness invokes on the Reverend Boriack and upon those he serves abundant blessings from God.

At tomorrow's session I will distribute and submit a Resolution on "Illegitimate (born out of wedlock) Children." We hope this will bring about discussions to help heal deep hurts. I deeply appreciate your kind attention. God bless and keep us well.

Terrie Wetle
Portland, Oregon

As both a Delegate and as one who cares about the elderly, I am distressed.

I am distressed by the evangelical rhetoric that marked the opening of this Conference.

I am distressed that a conference dedicated to concern for the elderly could be so insensitive as to schedule an incredibly taxing program, stretching from 8:00 a.m. to 10:00 p.m. and uses buses with impossibly high steps for anyone with even a minor ambulatory handicap.

I am distressed by preconference meetings, in which delegates were called upon to ratify preset issues, not to present original recommendations or policy statements.

I am distressed by an anti-research, anti-long-term planning attitude. Short term action is needed, but it can't effectively provide a minimum income on a projected basis, nor can't provide long-term medical care, nor can it begin to solve the numerous mysteries of aging.

If the short-term, action program becomes the only norm, then we will always be saddled with patch-work, band-aid programs, never finding solutions or methods of avoiding the many problems associated with aging.

Finally, I would like to observe that out of approximately 20 million elderly, 11 million are female and 60 percent of these women are widows. In that this group has received so specific attention at this Conference, every Delegate should make certain that the special need of women are carefully considered. I state this both as a member of the only minority group with a numerical majority and also one who hopes to someday be an elderly woman.

CALL FOR POST CONFERENCE ACTION

Edwin Shelley,
President,
National Council on the Aging, Inc.
Washington, D. C.

The needs of older people, particularly the elderly poor, are well known. We have had decades of studies, pilot projects and debate. Now we must have immediate action on a massive scale to meet those needs.

The worth of societies is measured in large part by the quality of their treatment of older people. We have the resources, we have an understanding of the need, and we have the knowledge of what to do. Lacking is the national will to assign a high priority to improving the quality of life for the elderly.

The White House Conference can and must be the catalyst for a rising public demand for action to provide all older Americans with a decent standard of living. The Conference must forcefully bring the present deplorable conditions to the attention of the public, and propose bold solutions on a scale that will grip public imagination. And ultimately, for the Conference to succeed, the Delegates to the Conference and the organizations they represent must not allow the recommendations to die on the shelves of bookcases. They must lead a determined campaign to insure that the recommendations become public policy and are effectively implemented.

To this end, the National Council on the Aging invites all organizations participating in the Conference to join with us in a series of regional meetings and a national conference in April, 1972 to review the progress made in implementing the recommendations and to plan for concerted action in any areas that have been neglected.

Robert N. Butler, M.D.
Psychiatrist,
Washington, D. C.

True tests of our cultural sensitivity toward our Nation's elderly and of the success of this Conference are action, money and power.

Some of us are deeply concerned about premature self-congratulation, the bland careful orchestration of this Conference. There will be the aura associated with the visit of the President. He will probably talk about (1) an income floor for the aged, (2) a gerater role for the Administration on Aging (or some similar Federal structure) and of influence in the White House, and (3) the 8-point nursing home plan he announced that he has yet to be implemented. (See *Washington Star*, November 28, article by Mal Schechter.) Moreover, however important standards are, the President's approach perpetuates commercialism in the care of the elderly.

We must test all promises, including Presidential promises.

I propose, first, that this Conference itself serve as a continuing committee of the whole—each of us an individuals would responsibly monitor the recommendations of this Conference. Second, I propose convening representatives from this Conference to meet in June 1972 in Washington for:

1. Postmortem of the Administration's and Congress' implementation of the Recommendations.

2. Review of the 1973 Federal Fiscal Budget —an acid test of commitment.

3. Ask Presidential aspirants to spell out their programs on behalf of America's elderly.

To participate in the audit should be Dr. Flemming, Rep. David Pryor, Ralph Nader, Senators Williams, Church, Moss and others deeply concerned with the life and problems of old people.

I counsel healthy suspicion of ourselves, this Conference, and the Administration and Congress where the power to act reside.

Leo Milman
Flemington, New Jersey

In his address to the opening session of the White House Conference on Aging on November 28, 1971, Dr. Arthur S. Flemming expressed his hope for periodic evaluation of the progress made by our government, Congress and the public sector toward carrying out the recommendations of this Conference, so that they would not, in his words, "go on shelves to collect dust." This is also my own and, I'm sure, every delegate's desire, for the success of these deliberations will ultimately depend on how the final proposals are translated into effective action.

At this Open Forum, therefore, I should like to suggest that each delegation to this Conference elect or appoint three delegates (a total of about 150 people), who would form a Committee on Progress. This Committee should meet every two years to hear reports from appropriate representatives of Government and the Congress on the progress being made toward implementing the recommendations of this Conference. Members of the Committee would then communicate the information to their respective jurisdictions and organizations for whatever action, position or recommendations they may deem necessary to achieve our stated goal—a national policy on aging.

This proposal is intended to provide an effective follow-up to this Conference.

William Gilson
Chicago, Illinois

The private organizations (NRTA, AARP, Sr. Citizens, etc.), Messrs. Martin, Flemming, *et al.*, have stressed the fact that action is the critical objective of the Conference. Senator Eagleton stated today that we could produce volumes of literature, of resolutions, but if no action is taken we are just "hatching an egg," just a collector's item. Problem: Who, how, and what will be done to execute the objectives determined?

VARIOUS TOPICS

Helen Lynch
Illinois Citizenship Council
Chicago, Illinois

I wish to suggest the following to be acted upon:

1. That pensions $5,000 or below annually for single persons and $6,000 for couples be exempt from income taxes.

2. That all buildings be required to have ramps for handicapped persons and that this building code be enforced.

3. That the elderly in homes, or elsewhere, be treated as human beings and that nongovernmental agencies feel their responsibility toward the elderly.

4. That it be mandatory to have pre-retirement education.

5. That hot meals be served to the elderly and the handicapped.

Gertrude Lowell
Wilmington, Delaware

1. Social Security benefits for widows should be uniform, without making exception of those whose husbands died before 65. Benefits should be full amount of husband's act.

2. Social Security payments should be increased in view of inflation and low income of many recipients.

3. Means test should be removed from Vet-

erans of World War I, as law was originally passed, inasmuch as many veterans did not have proper physical examination and service-connected disabilities did not appear. The countries they gave their young lives to protect us against have been helped more than the veterans who fought in these wars.

4. Jobs for elderly should be provided by using parttime employees for peak loads instead of paying time and a half to young people. Many of these people have status and could easily be used to the advantage of government agencies (Social Security, Veterans, etc.) at a saving to the government.

5. Housing. A decent place to live is a must for the elderly. Not only buildings where they can keep house at a cost within their means, but residences where they can live family-style at a moderate cost. The States should utilize their own unused land and Federal Government provide building costs so that one-story units for six or eight people in clusters under supervision of R.N. and Social Workers where elderly can help each other.

Rosslyn S. Kleeman
Acting Director,
Women's Action Program,
Department of Health, Education, and Welfare
Washington, D. C.

Although we know little about aging in women specifically—few texts and guides on aging devote special attention to women—there is evidence that women and men react differently to the aging process.

The 1970 Census counts more than 20 million people over 65 in the United States—11.6 women and 8.4 million men and the number of older women as compared to older men has increased steadily: 139 women per 100 men in 1970, compared to 120 women per 100 men ten years before.

Because men generally die earlier than women in America, more women are left alone with the complex problems of aging, complicated by realistic fears of a changing world beset with differing [illegible]es, and economic pressures. It is a time of great uncertainty for many. The cumulative effect of negative social attitudes about women come to fruition in an almost acceptable disregard for contributions that could be made by the older woman.

A recent report of the HEW Women's Action Program focuses on special problems of older women: widowhood, income and social services, employment, leisure time and continuing education, legal services, and consumer protection. Recommendations directed toward HEW aid to the older woman include: expansion of HEW support for education and career opportunities, increased direction of consumer information and protection activities, attention to problems of communication and mobility in the provisions of social services, and working with other Federal agencies in areas such as improving legal services.

Katherine Turner
Director,
American Board of Learning
Experience for Community Education,
Farmington, Connecticut

There is a task force throughout the country . . . of behavioral scientists including sociologists, psychologists, educators and legislators at a national and State level who are now working on the idea of ombudsmanship training, through setting up a State Education Ombudsman office by law.

It is predicted that within less than five years there will be over a million new jobs where full-time paid Ombudsmen will be working as red-tape cutters in all kinds of fields such as government, housing, education, dentistry, medicine, transportation, even for tourists. Perhaps six hundred thousand education ombudsmen will be cutting red tape in schools, at least one student, one parent and one teacher ombudsman trained for each school.

A poll of principals and superintendents of schools in April of 1970 indicated that 51 percent wanted a state education ombudsman immediately. Three out of ten educational administrators in that poll, admitted they had never heard of an ombudsman. When briefed, two-thirds of this latter group wanted a state education ombudsman immediately.

Alice M. Brophy,
Director,
New York City Office for the Aging
New York, New York

New York City has the largest concentration of elderly in the country. One million residents, 5 percent of Americans over 65, live in our five boroughs. 25 percent of the Nation's elderly live below the poverty level, 50 percent of our elderly subsist at that level. Most elderly own their homes mortgage free; 70 percent of our city's elderly are renters without assets. They are poorer today because they have been poor all their lives.

Fifty percent of New York City's poverty stricken elderly spend more than 35 percent of their income on rent. The Federal Government has admitted to its responsibility for tenants in public housing who now pay no more than 25 percent of their income for rent.

But our elderly live in the older rent-controlled housing of the city without subsidy. This year they will pay a 22½ percent increase in rent. This year's Social Security increase has been turned over to the landlords.

A massive Federal rent subsidy program must be endorsed by this White House Conference and passed by Congress.

In New York City's half-fare transit program for the elderly over 600,000 older New Yorkers signed up for their passes, 50 percent "get around more," and 67 percent plan their day to travel in nonrush hours when the fare is reduced. This program means physical mobility and income supplementation.

But New York City is at the breaking point. The program costs 15 million dollars a year of city tax levy monies. There must be Federal subsidies for operating expenses of mass transit programs for senior citizens.

Ronald H. Wilson
Asbury Methodist Home for the Aged, Inc.
Gaithersburg, Maryland

The American Protestant Hospital Association urges all White House Conference on the Aging Delegates to actively support efforts being made to obtain tax exemptions for all nonprofit homes for the aging.

Luncheon Programs

November 29 and 30, December 1

Conference luncheons were held for all Delegates on each of 3 days. Since no single hotel could accommodate the entire Delegate body, the Sections were divided among four different hotels.

Luncheons were held simultaneously for the groups meeting in each of the four hotels, with one exception: on December 1, two groups of Sections were combined.

At each luncheon there were two speakers chosen from Congressional Committees and Executive Departments dealing with problems of aging.

The presiding officers of the luncheons were members of the National Planning Board of the White House Conference on Aging. All invocations were given by persons who were Delegates to the Conference.

The following programs were presented by Section for the 3 days.

Luncheon Program
for Sections on

HEALTH–INCOME–NUTRITION
EMPLOYMENT & RETIREMENT

Washington Hilton Hotel

Monday, November 29

Presiding: Mrs. Frances P. Bolton

Invocation: The Reverend
Benjamin F. Schumacher

Speakers: Senate Finance Committee
The Honorable
Russell B. Long
The Honorable
Wallace F. Bennett

Tuesday, November 30

Presiding: Mr. Robert Takeuchi

Invocation: Mrs. Edith Walsh

Speakers: The Honorable
James D. Hodgson
Secretary of Labor
The Honorable
Robert M. Ball
Commissioner of Social Security

Wednesday, December 1

Presiding: Mrs. Marguerite Stitt Church

Invocation: Dr. Benjamin E. Mays

Speakers: Senate Special Committee on Aging
The Honorable
Frank Church
The Honorable
Hiram L. Fong

LUNCHEON ADDRESSES

Before the Health, Income, Nutrition, Employment and Retirement Sections

November 29

The Honorable Russell Long
Senate Finance Committee

I am pleased to be here to discuss with you some of the major legislative developments concerning the elderly. I know that you are aware that the Committee on Finance has the responsibility in the Senate for a large share of the legislation that very directly effects our elderly citizens.

First and foremost, the Social Security program falls within the jurisdiction of the Committee on Finance, and over the years I think it is fair to say that the Committee has been most diligent in making needed improvements in the Social Security program. The combined across-the-board benefit increases in 1970 and 1971 have totaled 27½ percent.

We now have pending in the Committee on Finance a major Social Security bill that has passed the House of Representatives and on which we plan to move just as soon as action on the President's tax bill has been completed. In fact, most of the provisions of this bill would have been signed into law a year ago if it had not been for the controversial and, in my opinion, ill-advised welfare expansion proposed by the President.

Here are some of the features of the House bill:

—It provides a five percent across-the-board Social Security increase with a $74 minimum benefit.

—It provides a special minimum benefit for long-term low-wage workers equal to $5 for each year of covered employment up to 30 years.

—It would provide for automatic benefit increases as the cost of living rises if the Congress fails to act. I might mention that the Congress over the years has increased benefits by more than the increase in the cost of

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living, but this provision would provide an additional measure of security for the future.

- —A widow's benefits would be increased from 82½ to 100 percent of her deceased's husband's benefit. This provision combined with the five percent benefit increase will provide a 27 percent increase for widows.
- —Benefits for married couples would, in the future, be based on the combined earnings of a husband and wife in any year up to the limit on taxable wages for that year.
- —Another major provision would allow men to disregard three additional years of low earnings in calculating the average wages on which benefits are based. If this is enacted, men will be accorded the same treatment as now applies to women.
- —Persons would be allowed to disregard one additional year of low earnings for each 15 years of employment under Social Security in calculating average wages on which benefits are based.
- —Benefits for persons delaying retirement beyond age 65 would be increased one percent for each year a person did not receive benefits because he was working.
- —The earnings limit under Social Security would be raised from $1,680 to $2,000, with a $1 benefit reduction for each $2 earned above $2,000.
- —Other important provisions of the bill would reduce the waiting period for disability benefits, extend Medicare to disabled Social Security beneficiaries, and make a number of significant improvements in the administration of the Medicare program.

All in all, this adds up to $5.4 billion in increased benefits for 28 million persons in the first year.

Let me give you my thoughts about what is likely to happen in the Senate. Based on my experience, I would predict that the Senate will move in the direction of raising benefits above the House bill. For example, the Senate in the past has taken the position that the minimum Social Security benefit should be $100. The Senate has already approved an amendment to raise the Social Security earnings limitation to $2,400 a year, rather than the $2,000 in the House bill, and I detect sentiment in the Senate to raise the limitation beyond even the $2,400 figure. A number of Senators will probably wish to increase benefits by more than the five percent in the House bill.

Of course, all of these changes must be seen in the context of how we can pay for the increased benefits through increased taxes. I think this issue is particularly critical since there have been articles in the newspapers recently about some new ideas to finance Social Security on a completely pay-as-you-go basis without building up reserves for future beneficiaries. I have an open mind on this issue, but I believe the Committee on Finance will be looking at any such proposal very carefully to ensure that we are not opportunisticly robbing the trust fund of revenues needed to pay for future benefits just for the sake of lowering taxes today.

Now let me turn to the area of welfare.

Welfare has become a very controversial issue in both the country as a whole and the Congress in particular. The Administration has proposed sweeping welfare expansion legislation that would double the number of persons in families on welfare. I am strongly opposed to this bill which rewards able-bodied persons for doing nothing and then cuts their benefits if they work. My position is that we should reward the man who supports his children by working, even at a low wage, rather than the man who deserts his family or never marries the mother of his children in the first place.

This is a controversial problem the Committee on Finance will have to grapple with early next year. But there is no controversy surrounding the program of aid to the aged, and I believe that the 92nd Congress will legislate to guarantee a national minimum income standard for the aged.

Last year, the Finance Committee accepted my amendment to guarantee a minimum income of $130 for each individual 65 years or older, with a $200 guarantee for an aged couple. This provision was in last year's Social Security bill which passed the Senate by an 81 to 0 unanimous vote.

Unfortunately, the House of Representatives refused to even talk to us about that bill because it did not contain the Administration's welfare expansion program for families.

The House bill passed this year provides for a guaranteed minimum income for the aged of $130 for an individual and $195 for a couple, increasing within two years to $150 for an individual and $200 for a couple. I am confident that the Senate will support these levels in the House bill.

Tax legislation that passed the Senate just last week will provide a significant measure of tax relief for those persons 65 and over who pay taxes.

First, the Senate bill would increase the personal exemption in 1972 from $700 to $800. In addition, the minimum standard deduction will be increased in 1972 from $1,000 to $1,300. For an elderly person, this means $500 less of taxable income, and for an elderly couple, this means $700 less of taxable income.

In another action the Senate added an amendment to the tax bill to ease the Federal tax burden on elderly low-income persons with respect to the property taxes on their residence or the rent they pay for living quarters.

These actions, I believe, demonstrate a continuing awareness in the Senate of the needs of the elderly. In my own opinion, however, the most important single need of the elderly is for better and less expensive health care than we have today. It is a sad but true fact that the elderly make greater use of our health facilities than any other segment of our population. It is also sad but true that health care costs have risen disproportionately to other costs in this period of inflation. These rising costs, coupled with the decline of earning power of the elderly as they reach retirement age and leave the work force catch them in a vicious economic scissors grip from which there is no escape.

We have been doing what we can in the Finance Committee to stop abuses of the Medicare and Medicaid programs so that we can conserve important and badly needed dollars to pay for more and improved benefits. Administrative actions taken by the Department of Health, Education, and Welfare in the past year or so at our insistence and urging seem to be having a desirable effect, but it is not enough.

The President's announcement that Phase II of his economic plan would include control of health care costs is also a good and badly needed step, but as of now these Phase II controls are little more than paper tigers. They have no body and they have no meaning. The dedication with which the Administration approaches this important part of its Phase II program will be mirrored in the consumer's pocketbook. If it is successful, the health care dollars of the aged will go further; if it is unsuccessful, then perhaps it will be up to the Congress to seek a way to stabilize health care costs so that the aged will no longer be the unwilling victim of economic circumstances over which they have no control.

The Honorable Wallace Bennett
Senate Finance Committee

I certainly appreciate Dr. Flemming's kind invitation to visit with you this afternoon and share my thoughts concerning the activities of the Finance Committee with respect to improving the well-being and capacity for independent living of our millions of older Americans.

Of course, the Committee on Finance shares your interest and concern in matters of income maintenance and health and welfare as they affect older people. I might add, parenthetically, as the senior Republican member of the Banking and Currency Committee, I also am involved with the question of housing for the elderly.

Those of us who serve on the Committee on Finance are confronted in the area of Social Security with a somewhat unique situation in developing acceptable answers to what are often highly-insistent and politically-appealing calls for immediate broad-scale and definitive solution.

The Finance Committee is unique in that it not only approves and authorizes programs under the Social Security Act, but it also has the responsibility of approving the taxes required to finance new programs and benefit changes. That, my friends, is a heavy responsibility and one which gives an added dimension to our work in evaluating the merits of legislative proposals.

It is not cold blooded at all for me to say that we have to look at the price tag on a proposal. The needs of the aged compete for priority with other legitimate and worthwhile needs, such as education, housing, health, defense and so on. Legislators, on the one hand, can be accused by some of not racing to respond in meeting a need. On the other hand, if they vote to meet the need, others will contend that their taxes were increased unnecessarily. I believe that the Finance Committee, however, has almost always functioned to develop a reasonable balance between the obviously desirable and the feasible. Incidentally, the Committee cannot be accused of ignoring and not devoting sufficient attention to older people. At least six people on the staff of the Committee—including a physician—spend all, or the bulk of their time concerned with our work on Medicare, Medicaid, Social Security cash benefits and old age assistance. A few short years ago we had only one staff member devoting just part of his time to all of those important areas.

During recent years the Committee has been devoting an inordinate amount of time and effort to the problems in the Medicare and Medicaid programs. Our concern has been that those programs could be run with far greater efficiency, economy and equity than has been manifested. Please don't mistake my meaning—Medicare is here to stay. Our interest is to incorporate changes necessary to enable it to do a better job of serving the people for whom it was established.

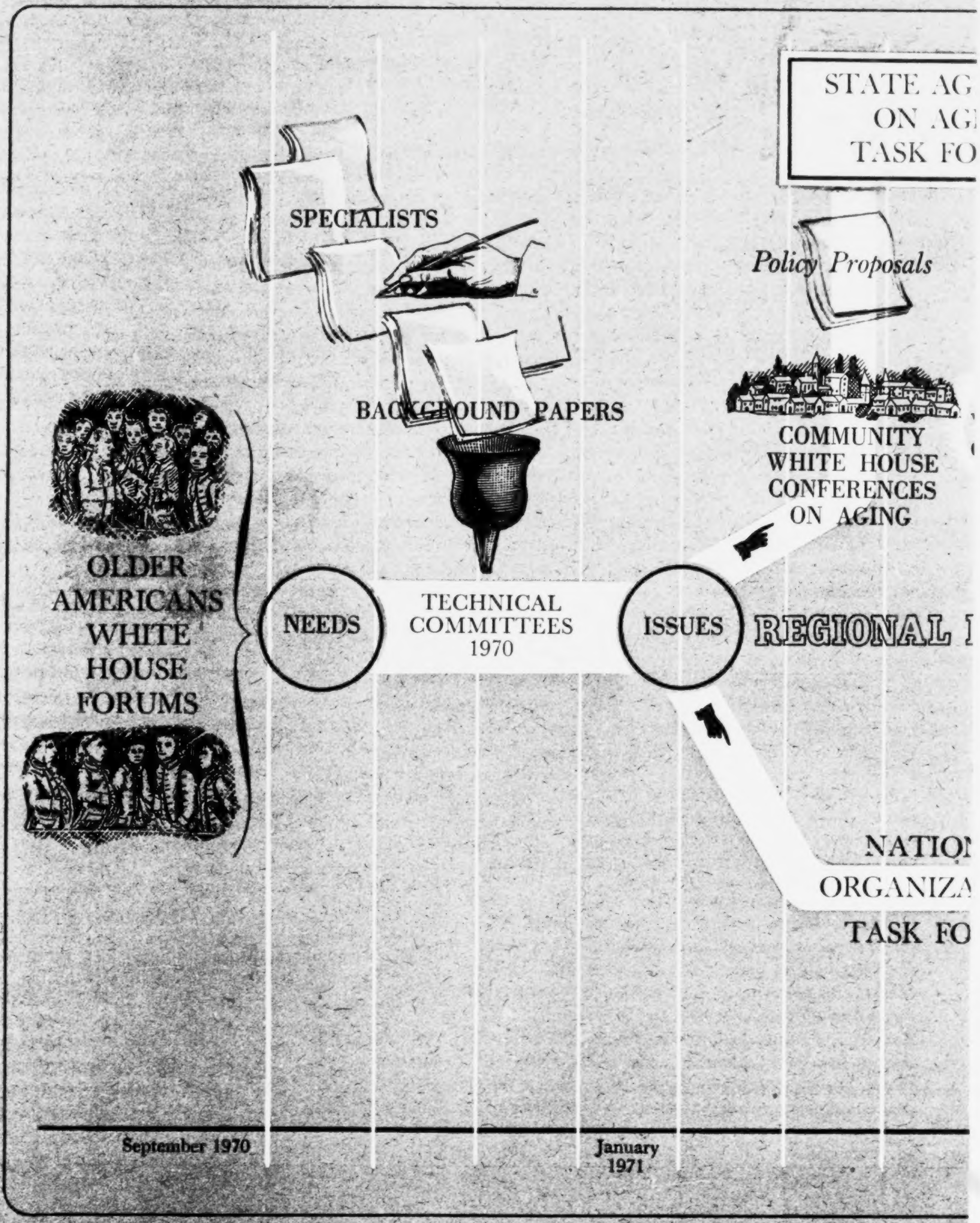
As you know, we have developed many improvements in Medicare and Medicaid which were included in last year's Social Security bill, H.R. 17550. As a result of the legislative logjam at the end of the last Congress, the Senate version of the bill was not considered by the House of Representatives. I am pleased, nonetheless, that the House saw fit to take many of those Senate Finance Committee amendments and incorporate them into H.R. 1, which is now pending before the Committee.

Some of those amendments we developed for H.R. 17550 are major and have received a substantial amount of attention. Others are relatively minor, but they are important and I thought I might call some of them to your attention today.

Periodically, there seems to be public outcry over conditions in nursing homes and the need to clean them up. Unfortunately, all too often, after a brief flurry of activity, the matter dies down and the situation is essentially as it was before. The Finance Committee believed it worthwhile to develop some basic—almost self-policing—provisions in the law with respect to nursing homes. In this regard, we approved an amendment which would require public disclosure of any substantial deficiencies in a nursing home which were revealed during a Medicare survey and where these deficiencies were not corrected within 90 days. As you can appreciate, regular and routine disclosure should serve to generate pressure within a community for upgrading of care in a deficient facility. Along similar lines, we voted to establish as a Federal crime the making or inducing of a false statement of material fact with respect to the conditions and operation of a health facility for purposes of securing Medicare and Medicaid approval.

We also voted to conform the basic Medicare and Medicaid standards for skilled nursing homes and extended care facilities with the proviso that, if one program established a higher standard than the other, the higher standard would apply to both. We approved another Medicaid amendment designed to virtually eliminate the problem of retroactive denial of coverage for care in extended care facilities. Additionally, we further spelled out, in no uncertain terms, the Congressional intent that every older patient in a skilled nursing home or mental hospital must be the subject of regular, independent medical audit to assure that he is receiving the right care in the right place at the right time.

We included comparable independent audit requirements with respect to patients in intermediate care facilities. Quite simply, the intent of the Finance Committee and the Senate is unmistakably clear—older people should not be warehoused and indiscriminately placed in facilities;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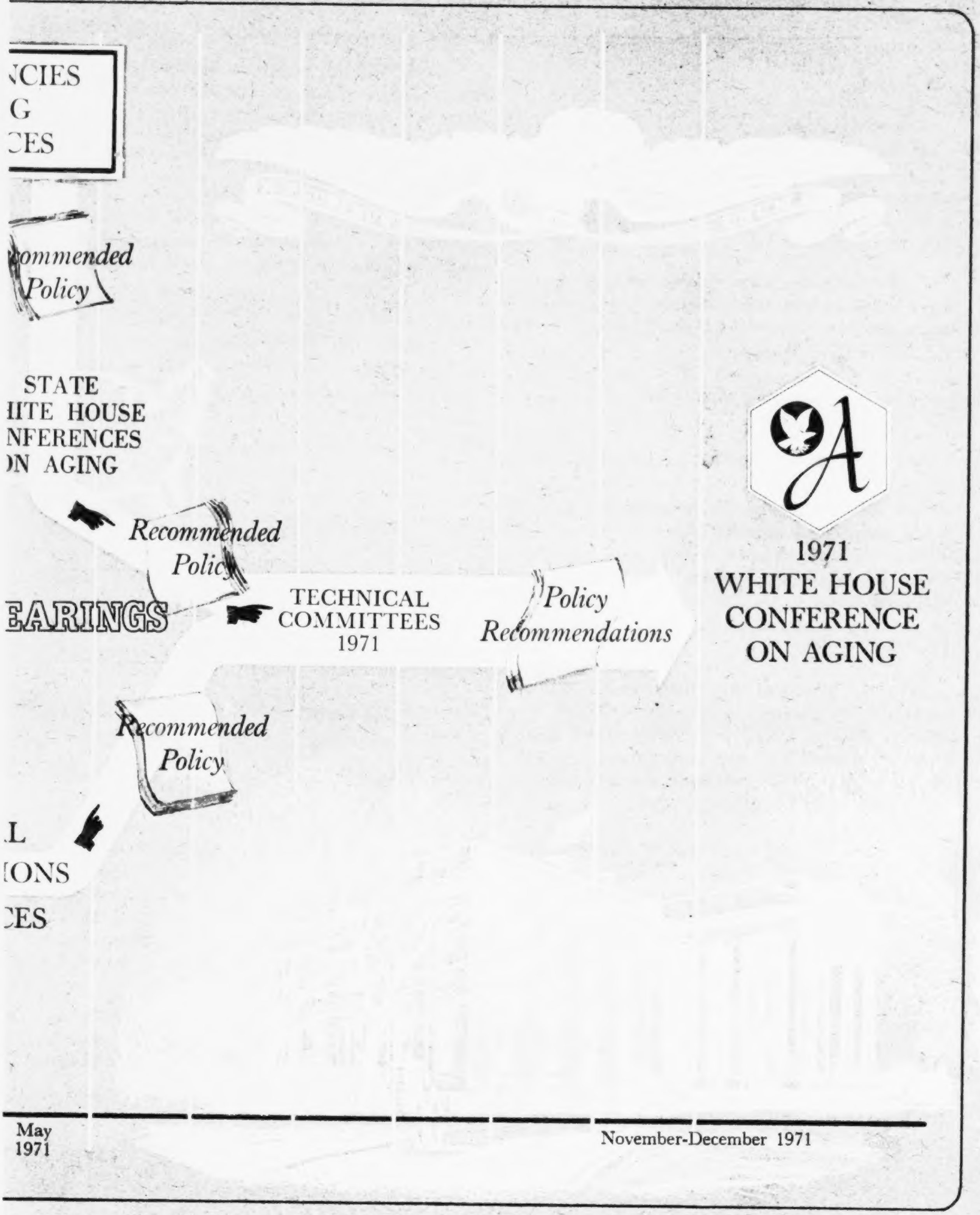

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they may not be conveniently forgotten and kept for years in settings where they are inappropriately treated. I hope the administrators of the programs and the facilities get the message.

A most important amendment—and hopefully I say this with reasonable modesty—was the Committee approval, as well as that of the full Senate, of my amendment which would establish Professional Standards Review Organizations throughout the country.

Under the amendment, organizations of physicians would be responsible, on a fully accountable basis, for: evaluating the medical necessity of care and services, whether the care provided meets professional standards, and, where medically appropriate, encouraging the attending physician to use less costly modes and sites of treatment.

The PSRO amendment was designed to fix responsibility with physicians for comprehensive review of all care and services provided to patients under Medicare and Medicaid. It was designed to replace the fragmented, piecemeal, ineffective, arbitrary and inequitable methods being employed today. It was designed with safeguards to protect patients and practitioners and to avoid pro forma review.

Properly motivated and implemented, PSRO can work. For example, in New Mexico, the New Mexico Medical Foundation, composed of hundreds of practicing physicians, assumed complete responsibility for comprehensive review of the care provided under Medicaid. Among the results thus far, of the active and vigorous program in that State, is a finding that some 35 percent of the elderly in nursing homes in New Mexico did not need institutional care. Additionally, they are turning down, as medically unnecessary, a substantial proportion of requests by doctors to do elective surgery.

In Colorado, where another PSRO-type organization was established, and took over responsibility for Medicaid review at the beginning of this year, they have reduced the average length of hospital stay by more than one day and decreased hospital admissions by about 10 percent. Similar beneficial results are also being experienced by the Medicare program in Colorado, according to my information.

To my knowledge, no one has indicated that any of this hard and constructive effort has resulted in a deterioration in the quality of medical care. In fact, all of us can agree that avoidance of unnecessary surgery obviously improves the quality of care.

PSRO offers tremendous potential for getting a handle on the costs and quality of care provided under Medicare and Medicaid. Obviously, it will have to be pragmatically, responsibly and sensitively implemented if it is to realize that potential.

However, with effective review mechanisms. the Congress can then consider, with less apprehension than at present, proposals designed to liberalize and expand Medicare and Medicaid benefits.

Senator Long and I—indeed the full Committee—share a common desire to establish reasonable minimum income levels for the aged, blind and disabled under welfare and for those dependent upon Social Security. I think our record is clear in that regard and, for that reason, I will not stress our work to raise the Social Security minimum benefit and to establish minimum benefits under welfare for the aged, blind and disabled.

My concluding thoughts reflect, I suppose, my Mormon background when I say that in our common concern for the well-being of older Americans we should seek to avoid usurping the role and responsibility of families. Obviously there have been changes in those relationships, and often they are non-existent, but, where they do exist, certainly we would not want to do anything to impair the sense of family unity which common concern and caring brings. Our society is more than sufficiently fragmented today without further solidifying lines of demarkation between young, old and middle-aged.

In this regard, with respect to the needs of older people, I think that the proper role of the Congress and, in fact, of all Americans should be responsible, responsive, but not obsessive.

Thank you again for this opportunity to visit and good luck in your efforts.

November 30

The Honorable James D. Hodgson
Secretary of Labor

Good afternoon, Delegates to the White House Conference on Aging.

On behalf of the Administration, may I first express our appreciation for the work you are doing to help us develop a national policy toward making the lives of our older people more productive to society and more personally rewarding. One of the tests of any society is how well it treats those who have grown old in its service. On this test our own society does not always get the highest marks. Perhaps as a result of your discussions here we will be able to do better.

Let me say at the outset I know it is not uncommon for public officials, speaking before special groups like this one, to paint in glowing terms all the measures they are undertaking in their fields of interest. It would be easy for me to do this. I could dwell at length upon my own Department's efforts to abolish job discrimination against older workers. I could point to the more than 30,000 compliance contracts we made last year, with age discrimination barriers removed from 100,000 jobs. I could talk about our manpower training programs and the $300 million we are spending this year on job training for those who are 45 and over. I could note we require that at least half of the participants in our Operation Mainstream shall be 45 or older. I could remind you we insist people over 45 be given special consideration in filling public jobs under the recent $1 billion Emergency Employment Act.

But this kind of self-congratulatory listing contributes little. Whatever the program, whatever the group being helped, we know the need always seems to outrun available resources. So today I would like to strike out in another direction, one that I think might be more helpful. I would like to confine my discussion to the role of work in filling some of the needs of the older person. And I would like to hazard an observation or two on strategy to realize these needs.

What are the work needs of the older person? Well, of course, these needs vary with the individual, with the situation, and with age. It's difficult to lump them all in one big pot. Still, I think we can make a few general observations.

First, we should appreciate that work may often mean something different to the older person—both something more and something less—than to the younger one.

Some common worker needs are not always present among older workers—for example, the need to develop a skill, to build a career, to feed a growing family, and so on. Income, of course, is important to *any* worker. But income for the older worker may often be needed as much to sustain dignity as to maintain living standards. So psychological needs must be coupled with recognition of economic need. The need to be active, to be part of something, to contribute something worthwhile, to stay in the main stream—these psychological needs are often part of the driving force that keeps the older person in the workforce. They should not be ignored.

A second need relates to unemployment problems of the older worker. While they may not be broad, they are, in instances where they exist, very deep. We know geographic pockets of severe unemployment exist among older workers. We know whole industries pass from the scene, leaving a residue of stranded older workers. We know job skills of some specific older occupational groups have become outmoded. And we know that when older workers *do* experience a job loss they often have an acutely serious problem in finding another job. Last year, for instance, even though the rate of unemployment for the older worker was quite low, the duration of unemployment for those who did lose their jobs was more than twice the national average. Every plant closing we have studied reveals the same pattern—older workers are the ones who experience serious problems in becoming re-employed. The pattern is evident. The young move with job opportunity; the older worker often does not. Community and family ties lessen geographic mobility. Reduced incentive to acquire new skills limits occupational mobility. This should be understood as fact rather than merely deplored.

So here we have two major work needs—the psychological needs that jobs supply and the specialized employability problems of those older workers who find themselves out of jobs. These are needs that differentiate the older from the younger or even middle-aged worker.

Now, how do we go about seeing that these needs are recognized and filled? Here I believe a shift in strategy might help.

I have spent a lifetime in what I call the "people business"—that is, dealing with problems of people. A compassionate person who deals with people problems cannot but be touched and even overwhelmed by the unmet needs of the aging in our society. So one who observes and works at these problems wants to make sure they are understood and presented in a way and at a place where they are apt to receive both the amount and kind of attention they deserve. It is my impression this is not now being done as effectively as it could be because the *special* needs of older workers are not being pointed up. Instead, the plight of the older worker *in general* has been the focus of the attention. This plight, I believe, has been well dramatized and well presented. But a more sharply tailored approach may now be more effective.

Let's start with an examination of what groups representing the older worker are up against when they attempt to get recognition for his unemployment problem in Federal legislation. They are up against two major things. First, limited resources—unhappily resources are always limited. Second, they face strong competition for the resources that do exist. So when one attempts to dramatize the unemployment problem of older workers in the *traditional* sense—that is, in terms of the number of proportion of his group that are unemployed—there are some facts that make the effort an uphill struggle.

Remember, I noted that many groups are competing for whatever resources are available. Let's look at the claims that can be made for some of these groups. Though there are several, I will touch on only three—the young, Blacks and other minorities, and veterans. First, let's look at the young. Here are the most recent unemployment figures—those supplied by the Bureau of Labor Statistics for October of this year.

For the age group 16-19 unemployment is 16.4 percent; for those age 20-29, unemployment is 7.2 percent; for those age 30-55, it is 3.6 percent; for those 55 and over, it is 2.9 percent.

Not a strong argument for giving extra attention to the older group, is it? And yet to the older group that knows full well many of its members often have serious unemployment problems, these *overall* figures provide little comfort.

Now look at figures for the two other groups that compete for attention. The current unemployment rate for Blacks and other minorities is 9.5 percent. And during the past year the unemployment rate for our Vietnam veterans have averaged 9 percent.

So here we observe what can be called the competitive dimensions of the problem. In terms of proportions—the traditional measure of the unemployment problem in this Nation—other groups have an awesome competitive edge. Unemployment rates for these groups are from three to five times as great as for the older age group. In fact, the older age group figure is only half the national average.

So if the aging attempt to compete for attention in Congress on a traditional basis—that is, on the amount of unemployment—they find themselves swimming upstream against a strong current. But here it is important to understand that quantitative figures tell a limited story. They conceal a lot of discouragement, wasted talent, and acute human misery.

What then can be done? It seems to me two approaches should be emphasized. One of these approaches is to emphasize the *specialized* needs that I have spoken of earlier. I suggest that those who champion the cause of the older worker shift their sights somewhat from a generalized concern for levels of unemployment to a different focus—a focus concentrating on the special need of the older worker who is without a job and the companion psychological needs of the older worker. This may mean specialized help for unemployment problems. And it may mean specialized kinds of manpower programs to meet special job needs.

And, while we are talking about strategy, it may mean something else. It may mean more concentration on the local government level than in the past.

In a big country, Federal legislators are apt to concentrate on the big picture. Special needs of special groups, particularly needs that often vary widely by situation and community, have difficulty competing for attention.

This circumstance prompts me to wonder about the wisdom of promoting categorical programs for the older worker at the Federal level. Such programs face the most demanding competition from other groups who contend they have a superior claim. We must recognize that work needs for the aging differ by age and circumstance. Those who are familiar with categorical funding know how difficult it is to recognize properly such differences in Federal program administration.

There are clearly areas in this Nation where needs of older workers are preeminent—rural areas, retirement communities, many suburbs, areas of declining industrial employment, etc. If more funds were available with localized control in these communities, the needs of the older worker would no doubt get a better break than they do now. For all its shortcomings, City Hall is still more accessible and more attuned to local needs than a distant Federal bureaucracy. Until now, however, at City Hall and other local levels a shortage of funds has limited the extent of help for needy citizens.

This condition is, of course, what President Nixon sought to remedy with his revenue sharing concept—a concept that permits local governments to respond to the needs of their own citizens without being constrained by the ill-fitting regulations of a remote Federal agency. Certainly the Manpower Revenue Sharing bill proposed by the Administration would be a big step forward in achieving this objective. Thus, as a matter of strategy, perhaps local government levels should be the subject of increased attention among older workers.

Well, I have offered these suggestions as a friend of the older worker and a student of his needs. But I don't want to leave you with the idea that you discontinue your efforts on the Federal level. Nor do I want to suggest that we in the Labor Department aren't developing some of our recipes to give the older worker a better break in the future.

One of these is our Senior Community Service Project involving a $1.6 million grant to the National Council on the Aging. We and the Council have joined in providing special work experience and training help to hundreds of a special group —chronically unemployed older workers. Though the program still has nearly a year to run, we are about ready to pronounce it a success. It will no doubt be continued and it's a good candidate for expansion.

Down in the good city of Louisville we have another fascinating experimental project under way. Here the Employment Service and the Senior House of Louisville provide a unique type of service to help retirees get either full or parttime jobs through use of older worker volunteers. These volunteers are used to uncover suitable job openings. Even at this early stage of the effort we find a high percentage of those seeking this service are being placed in jobs. Accordingly, I am directing expansion of the program by bringing in representative older worker service organizations in order to make use of their resources and know-how as well as those of the Employment Service.

Then up in Minneapolis we have something underway that really has exciting promise. Here the Department working with the State and the Minneapolis Rehabilitation Center has developed a comprehensive package covering training for all phases of service needed by older workers who are seeking jobs. This approach has worked so favorably in Minnesota that I have directed it be extended to eight other States within sixty days. If the program continues its present promise, it will be extended nationwide.

There is a bundle of related subjects that consume our interest down at the Labor Department. New pension protection and liberalization measures, the popular Green Thumb program we run with farm organizations, fascinating findings and developments with regard to second careers for older workers, the additional funds we are devoting each year to manpower programs and how the amount of money available would take a quantum leap forward under the Administration's Manpower Revenue Sharing Bill—these are part of a veritable laundry list of items that might be of interest to this Conference. But I shall have to forego their discussion today.

In closing, let me say this. From a study of advance Conference reports, I notice things like income, health, housing and transportation may rate higher priority among the interest of the aging than do problems of employment. We in the Department of Labor, however, believe the employment needs of the older workers are often acute, that they deserve specialized attention, and that we should play a role in providing that attention. We will continue to do so. Thank you very much.

The Honorable Robert M. Ball
Commissioner of Social Security

I appreciate the opportunity to speak to you today about the Social Security and Medicare programs, about their role in providing economic security, and about how we hope to further improve these programs.

Social Security Today

Since its modest beginning in 1935, the Social Security program has grown until today it provides retirement, survivors, and disability protection for almost all Americans, and health insurance protection for nearly all those aged 65 and over. The Social Security program touches the lives of practically everyone in the Nation. Over nine out of every ten people in paid employment and self-employment are covered or eligible for coverage under the program. Almost 27 million people—one out of every eight Americans—are receiving about $3 billion a month in benefits. And 17½ million of these benficiaries are our senior citizens.

Of the more than 20 million people in this country who have reached aged 65, over 90 percent are getting monthly cash benefits, or will be able to get them when they or their spouses retire. Moreover, almost all of the 20 million are protected by the hospital insurance part of the Medicare program, and about 19½ million have chosen the protection of the supplementary medical insurance part of the program. Medicare payments for hospital and doctors' care account for over two-thirds of expenditures for hospital and doctors' services that the aged receive.

People sometimes forget that Social Security is not just a retirement program, but those of us who are parents and grandparents can appreciate the important role this program plays in the security of young families, too. As you may recall, we have on our benefit rolls persons who are totally disabled at younger ages and their dependents, and survivors of deceased workers—widows with young children and young people in school—all of which add up to almost another 10 million beneficiaries.

In short, the Social Security program is, as President Nixon has described it, "an established and important American institution, a foundation on which millions are able to build a more comfortable life than would otherwise be possible—after their retirement or in the event of disability or death of the family earner."

Improvements Needed

The Administration realized, though, that despite the significant role that the Social Security and Medicare programs play in providing economic security for the aged, the protection afforded by these programs should be further improved. And H.R. 1, the Social Security and welfare-reform bill that passed the House of Representatives last spring and is now pending the the Senate, contains many recommendations of the President designed to move us significantly closer to the goal of providing economic security in old age for all Americans.

H.R. 1 will bring Social Security benefits up to date with the increase in the cost of living that has occurred since the last general benefit increase. H.R. 1 will make sure that benefits stay up to date with future increases in the cost of living, thus protecting beneficiaries against the ravages of inflation. H.R. 1 will raise the amount of money that Social Security beneficiaries who want to continue to be useful, productive members of society and are able to do so can earn before having any of their social security benefits withheld and will remove from the law the disincentives to work that now exist under the present earnings test. And H.R. 1 will increase and improve the protection afforded by the Social Security program in a number of other ways.

Cash Benefit Changes under H.R. 1

The most important of the changes which H.R. 1 would make in the Social Security cash benefits program is the provision for automatic adjustment of Social Security benefits whenever the cost of living rises by at least 3 percent in a year. This would make benefits "inflation proof" by assuring that they will at least be kept abreast of increases in the cost of living. While benefit increases legislated by Congress over the years have more than kept benefits up to date with increases in prices when measured against the level of benefits set many years ago, time-lags have frequently occurred during which the purchasing power of a person's Social Security benefits have been seriously eroded. And, of course, later adjustment in benefits can't make up for the deprivation that people have suffered during the time the benefits were inadequate. The automatic adjustment provision would assure that long lags between price increases and benefit increases will not occur as they sometimes have in the past.

Before the automatic adjustment provision goes into effect, benefits would be increased across the board by five percent effective with benefits for June 1972. This increase is on top of the ten percent general benefit increase that was effective for January 1971, and the 15 percent increase that was effective for January 1970, and will mean that for June 1972 benefits will be one-third higher than they were for January 1970, just 2½ years earlier.

Concerning the provision of the law known as the retirement test, it is possible under the present provision for a person to actually have less income (that is, Social Security benefits plus earnings after taxes) if he works at certain earnings levels than he would if he earned less. At present, there is a $1 reduction in benefits for each $2 of earnings from $1,680 to $2,880, and a $1 reduction in benefits for earnings above $2880. Under H.R. 1, only $1 in benefits would be withheld for each $2 of earnings above $2,000 regardless of how high the earnings might be; there is no $1 for $1 reduction at any point. Thus, it will always be advantageous for people who can to work and earn more.

Increased benefits for some 3½ million aged widows are provided by the bill. Under present law, an aged widow's benefit is equal to 82½ percent of the benefit that her husband would have received starting at age 65. Under the bill a person who becomes widowed after age 65 would get a benefit equal to what her husband would be getting if he were still living.

The method of computing retirement benefits for men would be changed to make it the same as that for women. This change will allow men to drop out of their benefit computation three additional years of low earnings, and will enable men retiring in the future to get higher benefits.

Higher benefits would be provided for many long-term, low-paid workers. Low-income workers who have worked for many years under Social Security would be eligible for a special minimum benefit equal to $5 multiplied by the number of years under social security, up to a maximum of 30 years, providing them with a special minimum benefit of up to $150 a month.

As a result of all of the H.R. 1 changes in the cash benefits program, average cash benefits will increase significantly. The average monthly cash benefit for all old-age beneficiaries will increase from $134 to $142; for aged couples the increase will be from $222 to $234; for aged widows, average monthly benefits will go up from $114 to $133. The automatic adjustment provision will, of course, increase these benefits more in the future as prices rise.

Medicare Changes under H.R. 1

Health insurance protection under Medicare—both hospital insurance and supplementary medical insurance—would be extended to persons entitled to monthly cash benefits under the social security and railroad retirement programs because they are disabled after they have been entitled to disability benefits for at least 2 years. If enacted, this provision would make about 1.5 million disabled beneficiaries eligible for hospital benefits and physician coverage under Medicare. This is a significant provision for older people for although social security disability beneficiaries are under age 65, almost two-thirds of them are over age 50.

There are other important provisions in H.R. 1 that would make a number of changes in Medicare, including many which would improve the operating effectiveness of the program. There is not enough time for me to discuss these changes here, except to mention briefly that the Administration is counting on one provision—that which would encourage the expansion and use of health maintenance organizations—to help control the demand for health services and support the best use of their supply.

As many of you are aware, one of the principal desires of the President is to improve conditions in nursing homes, where over 900,000 Americans over 65 live, and to help assure that nursing home patients are treated with dignity and consideration. The Medicare program has done much to help achieve these goals. Since Medicare began, almost 100 million days of care in extended care facilities—nursing homes which provide skilled nursing care to Medicare beneficiaries who no longer need intensive hospital care—have been paid for under the program. The quality of this care has been upgraded under Federal standards and Federal-State inspection procedures that are unparalleled in the nursing home field.

Over the last 12 months alone, more than 4,000 surveys of nursing homes were made to determine whether these homes meet Medicare standards. One result of these surveys, and the 8,000 visits made to nursing homes during that time to assist them in correcting deficiencies, has been that many hundreds of nursing homes have improved their services and corrected their deficiencies so as to be able to continue to participate in the Medicare program. Since Medicare began, about 100 extended care facilities have had their Medicare approval terminated because they failed to meet health and safety standards, and many more have voluntarily dropped out of the program when they were unable to meet the standards.

While many nursing homes do provide outstanding care to our older citizens, we are all aware that some do not. At this moment, the Administration is engaged in many activities that will help assure that nursing home care provided to the aged is improved. These activities take many forms, including better enforcement of standards for participation in Federal programs; improving the training and professional competence of those engaged in seeing that standards are met; increased funding of State health department services connected with improvement of nursing home facilities; terminating the participation in Federal programs of nursing homes that fail to meet standards; and regular reviews of State health department professional certifications of nursing homes.

Secretary Richardson recently designated Social Security district offices, which are in 850 communities throughout the country, to serve as local "nursing home listening posts." People who have information about instances of poor quality care, neglect, unsanitary or unsafe conditions in a nursing home can give this information to their local Social Security office on a confidential basis and the Social Security office will see that the complaint gets to the proper Federal, State, or local authority for investigation.

One very important provision of H.R. 1 which will benefit the aged concerns those who are receiving institutional care that is not at the skilled nursing care level. This type of care is now provided in several thousand "intermediate care facilities." There are, however, no uniform national standards of quality of care and safety for these facilities and no assurance that the level of care and the conditions under which it is provided are of the highest possible quality. Under H.R. 1, these institutions would for the first time be required to meet prescribed Federal standards related to quality of care and the safety of the institution.

Welfare-Reform Proposals Affecting the Aged

In addition to provisions for improvements in Social Security, H.R. 1 also provides for a major new approach to public assistance for older people. H.R. 1 would replace the State-administered programs of assistance to the aged, the blind, and the disabled with a new national program financed by the Federal Government and administered by the Social Security Administration.

The new program represents a watershed point in the history of public welfare in this country. Eligibility requirements would be uniform throughout the country and administration, by the Social Security Administration, would be consistent nationwide. The new program, when fully effective, will help about 2½ times as many older people as now receive assistance under present programs, and older people will be able to have one-stop service in their quest for economic security, applying for both Social Security and supplementary public assistance at the same time.

The new Federal program, when fully effective (July 1974 under H.R. 1), would provide assistance standards of $150 a month for aged, blind, or disabled individuals and $200 a month for couples. These Federal payment standards are higher than the corresponding standards in over half of the States. These standards establish as a goal of the program a situation in which no older person will need to live on income that is below the poverty level.

States may establish a higher standard than the Federal assistance standard if they choose to do so in their State and pay the difference in cost. Under such circumstances, the program could still be administered in that State by the Social Security Administration as a single program.

Under the new program, people will qualify if they have assets that do not exceed $1,500, but the home, household goods and personal effects will not be counted within the $1,500 limitation. Face value of life insurance of up to $1,500 per person will also be excluded in counting resources. Resource limitations are much lower than this in the present assistance programs of some States, and it has been a common practice in State programs to place liens on homes as a condition of eligibility for assistance.

An older person's or couple's eligibility for assistance under the new program will be determined on the basis of his or their own need without regard to the income or assets of relatives. Relative-responsibility rules will not be a part of the new program for the aged. People will not be disqualified or have their assistance payments reduced because of the income or assets of their relatives.

Conclusion

Too often our senior citizens have the right to feel that they are the forgotten segment of our society. We are on the move to correct the situations that lead to this feeling. For H.R. 1 more adequate Social Security benefits will be provided and those benefits will be made inflation-proof. As a result of a variety of actions, institutional care for the aged is being improved and H.R. 1 will bring for the first time the great bulk of nursing homes under Federal standards. Incentives to work and continue to be active will be greatly improved under pending legislation. And, finally, through the welfare reform proposals a new program of national assistance will be administered as a supplement to Social Security benefits with the goal of making sure that no older person has to live in this land of abundance below the level of minimum poverty established by the Government.

But obviously a floor of protection against dire poverty is not enough. Through Social Security and the improvement of private pension plans and the opportunity to work we must move forward to the goal of adequate income for all.

December 1

The Honorable Hiram L. Fong
Senate Special Committee on Aging

May I extend to each and every one of you the warmest greeting I know: *Aloha!*

Aloha is that endearing word meaning so very much . . . love . . . friendship . . . brotherhood—all the feelings of goodwill which we cherish and which we want to dominate this White House Conference.

Speaking of dominating, when I received the letter giving details on this luncheon, I noticed that the name of Church dominates the occasion—Mrs. Marguerite Church, former Congresswoman from Illinois, is presiding and my colleague, Senator Church, is one of the speakers. I began to wonder how a fellow named Fong was invited to attend!

Whatever our names, we are all engaged in a common cause for a group of Americans for whom we share a common concern, our aging brethren.

May I take this occasion to commend all of you for your yeoman work on these concerns which faced the 1971 White House Conference on Aging. You are making history here, and I know this will lead to further progress for our Nation.

It is an honor and a great pleasure to break bread with you today and to share the speakers' platform with the distinguished Chairman of the Senate Special Committee on Aging, Senator Church of Idaho.

Although he is the youngest member of our Committee—youngest in years, but long in service—Senator Church has earned his spurs as Chairman by reason of his deep empathy for America's 20 million older Americans. He shares with all members of the Committee a strong commitment to improving the future of our Nation's older generations.

You know, the Chinese have a saying, "one kind of rice, a thousand kinds of people." In other words, we all eat the same rice, but we're all different. So it is with our older population. They are all aging, but they have different needs, different problems, different aspirations.

But no matter what their individual needs or their individual problems or their individual aspirations, I believe all want opportunity, all want hope.

I believe it is imperative that the last three decades of this century must offer opporunity in age.

I hope Delegates to this Conference will unite in saying, "America, hold open the doors of opportunity in age."

The record is clear. More and more older Americans have greater capacity for involvement in life's affairs. Their children have left the nest, and the parents are free to follow new pursuits. Thanks to medical and scientific advances, people are living longer and are healthier. Their desire to enjoy life, to serve their fellow man, and to be a vital part of society's mainstream grows apace.

Where in the past we counted our elders in tens of thousands, we now have millions. Let us make sure that all enjoy the benefits, the opportunities, and the hope of age.

Henry Wadsworth Longfellow well understood the values of age. After reminding us that the Greek dramatist, Sophocles, wrote his great play, "Oedipus", after 80; that Germany's giant, Goeth, completed "Faust" after four score years, and that England's Chaucer wrote "The Canterbury Tales" at 60, Longfellow said:

For age is opportunity no less
Than youth itself, though in another dress,
And as the evening twilight fades away,
The sky is filled with stars invisible by day.

Longfellow's contemporary, Dr. Oliver Wendell Holmes, reemphasized by deed Longfellow's point that age can be opportunity. His famous "Over the Teacups", written at 80, showed no reduction in wit and no flagging of spirit.

His son, Oliver Wendell Holmes, Jr., made great contributions until he was over 90. His distinguished service of over 30 years on the Supreme Court *began* when he was 61.

History is replete with magnificent contributions by persons in their seventies and eighties. Michelangelo was at work on "The Last Judgment", Rome's most famous painting, after 80. Others who made great contributions late in life were Benjamin Franklin during the American revolutionary period, and more recently in the field of science, George Washington Carver and Thomas A. Edison.

A list of political powers in our time adds to the testimony of values in age. Churchill's whole place of historical greatness was earned after 65. To his name must be added DeGaulle, whose eleven years of rule in France ended at 78; Chiang Kai-Shek who still prevails at 84; Adenauer, who stepped down as head of Germany's government at 87.

In our own United States Senate, Senator Allen Ellender, Chairman of the Appropriations Committee, was 81 in September and he's still going strong! Senator Strom Thurmond, incidentally, married his beauty queen bride two years ago when he was 66 years young.

Other famous persons offer similar stories of vigor and vitality in age. The peerless pianist, Artur Rubinstein, still enthralls audiences in the concert hall today at 82. Picasso reigns over the world of art at 90. The recently deceased Rube Goldberg retired from creating cartoons only to pursue a second career of distinction as a serious sculptor at a level which may bring him even more lasting fame. Nor should we fail to mention a member of this Conference's planning board, Mr. Edward K. Ellington. Now 72, it seems that the incomparable Duke just goes on and on bringing joy and happiness to millions of people throughout the world by his great music.

Clinton Rickard, a lifetime Grand President of the Indian Defense League of America, was still chief of the Tuscarora nation when he died a few weeks ago at the age of 89. He worked many years building understanding and communication between people on both sides of the Canadian-United States border. When he died, he was taping and recording the Tuscarora language so his people would retain this part of their heritage.

A. Philip Randolph, past 80, is the elder statesman of Negro labor leaders. At 74, he was one of the organizers and leaders of the famous 1963 March on Washington.

Many of our distinguished elders have been famous throughout their lives. But for others, such as Grandma Moses, fame comes only for work they have done late in life. Incidentally, if you wonder why the only woman I mention is Grandma Moses, it is out of deference to the eternal right of the ladies to keep their ages to themselves. When Grandma Moses passed her century mark, of course, different rules applied.

Nor is fame really important. Thousands, hundreds of thousands, of older Americans in the quiet pursuit of their daily lives demonstrate that "Age is opportunity no less."

The dream we have for all older Americans is such a dream of opportunity—one in which, as Longfellow says, "the sky is filled with stars."

The record shows what older persons CAN do if given a chance. But, as you know, for many older Americans there is no opportunity.

You do not have to be reminded that too often income opportunities for older persons are totally inadequate.

You do not have to be reminded of the shortcomings in our health services for the elderly.

You do not have to be told that jobs are foreclosed because of age . . . and doors are shut on vigorous, capable, willing older Americans who want to participate in family, community and national life.

Too often society says, indeed even the family too often says, "You old folks are through. You have had your day. You belong on the shelf."

Over 20 million older Americans know this to be a great lie. They know that they have capacities, appetites, and a zest for living which a decent national conscience insists must be met.

It is time you and I, and all citizens of our Nation, face up to our responsibilities in seeing that these legitimate demands are met. Government alone cannot do the job.

Together, we must do everything necessary to see that this 20th Century age of opportunity in which we live offers full opportunity in age.

This is what the work of the Senate Special Committee on Aging is all about.

This is what this White House Conference on Aging is all about.

You have labored long and strenuously toward this grand objective. You have worked in the communities, in State conferences, and now are nearing completion of your immediate efforts at this Conference in the Nation's Capital.

I have confidence that your labor will make great contributions to the new era of aging, which scientific and social progress in this century has opened to millions of Americans.

I trust that your section reports will emphasize, in their several ways, that this age of opportunity must offer full opportunity for older people—full opportunity in age.

Opportunity for decent incomes; opportunity for necessary health services; opportunity for adequate housing; opportunity for satisfying, readily accessible recreation in leisure hours; opportunity for mobility—and no one doubts the importance of better transportation to eliminate isolation and loneliness; opportunity for learning—so that all who wish may expand their own personal horizons; opportunity for second careers that can mean so much; opportunity for social interchange, for enriched participation in community activities, for involvement in life's mainstream.

Just give our millions of older Americans their full measure of opportunity and, with their wealth of experience, know-how, and talent, watch them rise to new heights of achievement, success and service!

How to open the doors of opportunity—this is the question with which you are grappling.

At this time, I would not presume to spell out my own specific ideas. Instead, I await with deep interest your recommendations, and with them no doubt I shall modify at least some of my proposals in behalf of older Americans.

In the meantime, let us pledge to work together and persevere together to the goals we hold dear.

Only so, can we be sure that for all older Americans, "Age is opportunity no less than youth itself, though in another dress."

The lives of all older Americans should be such that "The sky is filled with stars."

Thank you, my friends, and *aloha.*

The Honorable Frank Church
Senate Special Committee on Aging

Some of you here today may remember what John F. Fogarty said just before the 1961 White House Conference.

Even though it was his legislation that called for the Conference, Congressman Fogarty was worried.

What good would the Conference be, he asked, if it resulted in little more than an increase in the output of words?

Well, you already are inundated with words. I understand many of you have just come from 16 different Special Concerns Sessions where—for four hours—you tackled problems as varied as long-term care, the elderly blind, minority group needs, and consumer interests.

I have more words for you, but only 15 minutes worth. The planners of this particular part of the Conference must have sensed that this would be a good time for a short talk.

And this is good because it encourages me to line up my thoughts and to choose those key facts that may fit in here just before you write your recommendations.

What, then, is my major message today? I think it can be summed up very readily.

To put it bluntly, I think we are falling behind—not advancing at all—in our national effort to assure genuine security and fulfillment in retirement.

That may be a shocking statement, but it is based upon hard facts of today and foreseeable facts of the future.

My first hard fact is that the Congress has had to fight all year to prevent a retreat in key areas related to aging. When the Administration submitted a budget request for the Older Americans Act that was actually lower than for the previous year, members of the Committee on Aging—Republicans and Democrats alike—took up the fight, restored the proposed cuts, and actually increased the appropriation to almost 45 million dollars.[1]

Lest you think that I regard that sum as lush largesse, however, let me remind you that it is less than half as much as we'll contribute this year to the Greek Army. It is a great deal less than just the flight deck of that billion dollar aircraft carrier the Pentagon is talking about.

Once the budget for the AoA had been settled, my Committee and Tom Eagleton's Subcommittee on Aging conducted hearings on the conduct of this White House Conference. I'm happy to report that hearings do have an effect: just a few days before the first one, Arthur Flemming was appointed fulltime chairman of this Conference, and later Secretary Richardson reversed his policy on abandonment of more than 20 nutrition programs. But the biggest dividend of those hearings was good, honest analysis of the impossible position of the AoA as it now stands. I appointed an Advisory Council to make proposals for improving the AoA or replacing it, when the present law expires.

Congress and the Administration have had other disagreements on aging in the last year or so.

On Capitol Hill, for example, many of us agree on the need for a cost-of-living adjustment mechanism for Social Security, but we can't see why the Administration has been willing to settle for such a low base on which to build the escalator.

My own personal goal is to end povery among older Americans. And I have sponsored a proposal calling for the use of the Social Security system as the elevator for lifting nearly five million elderly persons out of poverty. No old-age retirement is worthy of the name, which leaves fully a fourth of the elderly on incomes below the government's own poverty line!

I've described just a few conflicts between Congress and the Executive Branch—not in the name of partisanship—but to help explain why I think our present national effort is lagging. I believe that the recent Democratic Administrations—despite Medicare and the Older Americans Act—failed to go far enough and must share their part of the responsibility for today's inadequacies. The time is ripe for coalition action by members of both parties during the 70's. On that point, I might refer you to the minority views expressed in our latest pre-White House Conference report and in our most recent annual report. On all key points, as Senator Fong has told you, there is fundamental agreement on goals. When it comes to aging, there is really no room for a "game plan" based upon shortrange political tactics seeking narrow partisan advantage.

It's already much too late to play games, or to stall, or to explain why this or that hasn't been done—or can't be done—for older Americans today and tomorrow.

I mentioned hard facts before. Let me give you more now.

Our Nation, in the Older Americans Act of 1965, said that one of its goals was an adequate income for the elderly. And yet in the past two years, 100,000 *more* elderly persons throughout this land slipped below the poverty level. One out of four persons past age 65 is poor.

Our Nation, in the Housing Act of 1968, made proud statements about good shelter for all Americans within a very few years. And yet, as far as the elderly are concerned, there is ample reason to fear that we are falling behind. The Committee estimates that 6 million older Americans live in unsatisfactory quarters. Only about 350,000 Federally-supported units have been built in the last 10 years. How do we catch up? And what do we do about property tax increases that are driving many elderly homeowners to despair?

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[1] 1971 FY Funding: $32 million; for FY 1972 initial Administration request $29.5 million, amended to $39.5 million; final FY 1972 appropriation $44.75 million.

Note to footnote. Two days after Senator Church delivered his speech, the Senate added an additional $55 million supplemental to bring the final FY 1972 budget to $100 million.

Our Nation, in the Employment Act of 1946, declared that it would no longer tolerate widespread joblessness. And yet today, at this very moment, among the millions of Americans now without work are 1 million persons past age 45; the so-called "older workers." Their unemployment will be far longer than for younger persons. Their pension benefits and Social Security of the future will be far less than might have been. The Committee says that a new generation of elderly poor may be in the making. What do we do about them?

Our Nation, in passing Medicare, pledged itself to adequate medical treatment for the elderly. And yet, within the past two years, Medicare is costing more and providing less. Cost control is one thing, but widespread abandonment of responsibility is another. Here again, we are losing ground.

As for transportation, in rural and urban America alike, it is becoming harder, instead of easier, to get from one place to another.

Consider the trend. It is backward, not forward. And if our overall national effort is being swamped by the needs of today, consider what is in store for us in the years ahead.

Between now and the turn of the century—just 29 years away—between 45 and 50 million of today's middle-aged persons will enter the 65 years-and-up age bracket. Think of that: tens of millions of persons entering a retirement way of life which is already strained for most and bitter for many.

Will today's failures be deepened, or will the pressures of sheer numbers and sheer need finally force adequate response?

I think you know my answer to that question. Despair never solved anything. Game plans, if they merely stall action, add only deception to despair. But when it comes to aging, I think we have passed beyond either deception or despair.

I mentioned before that I believe that coalitions for action are essential during the 1970's.

What I mean is that Republicans and Democrats alike should use the momentum of an election year to make certain that the recommendations of this Conference are implemented in the *early* part of the 1970's.

What I mean, too, is that we should be unafraid to question even our most self-satisfied assumptions, ranging far beyond the field of the aging, far beyond even such questions as new directions for Social Security, new ways of providing and paying for health care, and other such vital policy matters.

What I mean, fundamentally, is that this Nation is ready to question and discard many sacred cows that have already lived too long.

We have questioned a foolish, futile war, and though its termination is slow, it is now inevitable.

A few weeks ago, the Senate questioned whether foreign aid is really serving our Nation and others in the ways that it should, and we have gone back to the drawing boards in search of needed change.

We are questioning our attitudes toward racial minorities and we are finding much to question in our use of our land, our water, and our air.

Now we must ask questions about the very health of our Nation and the well-being of each and every citizen of our land.

Our treatment of the elderly certainly tells us whether we are sound or sick as a Nation. If we are indifferent toward the last years of life, we diminish the dreams of all our people.

So let us respond to the dynamics of this Conference and to the needs, hopes, and just demands of those who built this country, her senior citizens.

Luncheon Program
for Sections on
TRAINING—EDUCATION
HOUSING—PLANNING

Sheraton Park Hotel

Monday, November 29

Presiding: Mrs. Cernoria Johnson

Invocation. The Reverend Kirk M. Dewey

Speakers: Senate Labor and Public Welfare Committee

The Honorable
Jacob K. Javits

The Honorable
Thomas F. Eagleton

Tuesday, November 30

Presiding: Mr. Thomas E. Fielder

Invocation: Rabbi Irving Lehrman

Speakers: The Honorable
Elliot L. Richardson,
Secretary of Health,
Education, and Welfare

The Honorable
George Romney,
Secretary of Housing and
Urban Development

Wednesday, December 1

The Training, Education, Housing, and Planning Sections joined the Health, Income, Employment and Retirement, and Nutrition Sections for Luncheon to hear Senators Frank Church and Hiram L. Fong. See pages 97 and 100 for their addresses.

LUNCHEON ADDRESSES

Before the Training Education, Housing and Planning Sections

Monday, November 29[1]

The Honorable Jacob K. Javits Member, U.S. Senate Labor and Public Welfare Committee

There are now approximately 26 million people 65 years of age and over in this country. A quarter of these Americans live below the poverty level; many do not become poor until they reach old age.

Because of this circumstance, the United States is rapidly approaching a critical juncture in its experience with provisions of income assurance to the aged. Some of the accepted principles that heretofore have governed the design of Social Security and private pension programs are now under serious attack.

The underlying problem—assuring adequate income for the aged—is not new, nor is the United States alone in experiencing increased pressures for adopting more effective strategies to deal with the issue. In recent years, Belgium, Canada, Great Britain, Germany and Switzerland—to name a few—have been compelled to reexamine the adequacy of their retirement systems. Still other countries—notably France—have succeeded in fashioning an elaborate and sophisticated integration of public and private retirement systems so as to insure an adequate old-age income for its workers.

Foreign models and proposals for change vary widely and reflect the specific historical, political, economic and social conditions of the countries involved.

It is natural and desirable for experts in ence in order to develop perspectives from which to evaluate Social Security and private pension programs in the U.S. In the last analysis, however, the future direction of our "dual retirement system" will come from the unique complex of needs and interests of the American people. Therefore, primary attention must focus on our national concerns.

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[1] Text of speech of Senator Thomas F. Eagleton was not available.

Problems of Social Security

Since its inception, Social Security has been conceived as furnishing a minimum floor of retirement protection for almost the entire work force. Private initiatives, i.e., principally group pension plans, have been cast in the role of providing a "supplement" to the retirement income delivered by Social Security.

However, the scope and level of benefits under Social Security, or what is meant by providing a "minimum floor of protection," has never been firmly decided. This deficiency has grown more acute as persistent inflationary pressures have eroded the purchasing power of the retirement dollars provided by social security.

Most authorities agree that the wage-replacement ratio or social security—between 19 percent to 29 percent—is very low. The median social security benefit paid in 1967 to a retired couple—the latest year for which this data is available—was $129 a month. $241 is the minimum monthly income required to sustain a retired urban couple, as reported by the Bureau of Labor Statistics in January 1970.

Despite recent and proposed increases in Social Security, and despite the likely enactment of measures to guard against loss of social security purchasing power, the continuing inadequacy of social security remains a stony fact. The evidence to date strongly suggests that a concerted effort be made to improve the Social Security benefit formula so that it will result in a higher and more realistic wage-replacement ratio.

To accomplish this requires some meaningful consensus as to what the long-range floor protection ought to be and to gear the system to provide that level of protection. At the same time, care must be taken to insure that private initiatives and responsibility for participating in securing old-age financial security are not discouraged or diminished. This would occur if we were to establish a level of social security benefits which would cost so much that employers, unions and individuals no longer perceived the desirability or the feasibility of providing supplementary pension programs. The advantages of maintaining and encouraging private initiatives are too important to sacrifice, and, it would not be in the best interests of workers or our economy to impose such a sacrifice in order to obtain such a high degree of social security protection.

Problems of Private Pensions

Because Social Security benefit levels seldom have been satisfactory, private pension programs have grown to fill the gap—and they have enjoyed a spectacular growth.

In 1950, private pension plans covered 9.8 million workers, 22 percent of the work force; by 1971, private plans covered in excess of 30 million workers, roughly 50 percent of the work force.

In 1950, pension plan assets totaled $12.1 billion; in 1971, these assets exceeded $130 billion, growing at the rate of $10 billion annually and expected to reach over $200 billion by 1980.

Undeniably, these programs have become a major factor in the economic life of this country and in the minds of workers everywhere. Employees—realizing the inadequacy of Social Security—rely heavily on their private pension plan to provide the income necessary to maintain a decent standard of living in their retirement years.

The spectacular growth of private pension plans has been accompanied, however, by equally spectacular problems. At the center of these problems is a cancerous phenomenon: *The average employee covered by a private pension plan—and I emphasize the word "average"—cannot count on getting anything from that plan.*

It is this absence of employee security in private pension plans which has led me to advocate their basic reform under law. If we are going to operate on the theory that our national interests are best served by a partnership between public and private retirement programs—and I strongly believe this to be true—then we must see to it that the partnership is an effective one for delivering adequate retirement income.

To accomplish this it is essential that the design of private pension plans be reconciled with the freedom of labor mobility which we as a people value so highly and which—together with rapid economic and technological change—now constitutes the most prominent feature of modern industrial life.

The pension reform bill I have authored, S-2, now pending before the Senate Labor Subcommittee, would make this reconciliation a matter of deliberate national policy. It would protect employees against loss of their pension benefits when they lose or change their jobs, or when their employer goes out of business or moves away—and it would establish a new S.E.C.-type commission to supervise pension plans to insure that they are properly managed in the workers' interests.

The importance of enacting this legislation cannot be emphasized enough. By assuring the average worker that he will get more than one pension at his retirement—one from Social Security and one or more from private retirement programs—we will have taken a major step forward in securing the goal of adequate income to the aged.

Public interest in reform of private plans has grown steadily, and now it is an idea whose time has come. In my judgment, 1972 will be the decisive year—the year when the Congress will decide whether private pension plans are to be a full-fledged and responsible partner in our dual retirement system, or whether they will remain a spectacular but uncertain experiment, destined for ultimate obsolescence and replacement.

Conclusion

It is said we are, as a Nation, experiencing a sickness of spirit—an erosion of motivation—particularly among the young, which has, as one of its aspects, a loss of confidence in the ability of our industrial system to develop adequate economic justice.

We must ask ourselves why—in the most affluent country in the world, in the most advanced industrial society, so large a proportion of the aged must suffer economically.

Could it be that we have shaped an industrial system so obsessed with productivity and technological superiority, that when an individual's industrial life is exhausted, our system can impersonally discard him!

I think not, and I believe that our Social Security and private pension programs are clear evidence of this nation's moral commitment to provide for the economic well-being of the individual at the end of his productive years.

But I also believe that to the extent our dual retirement system fails to provide the means for a decent standard of living in old age, it directly contributes to the alienation and isolation of the aged from the mainstream of society, and—equally important—reinforces the impression among active workers, especially the young ones, that the end of a working career is almost equivalent to the end of life itself.

As long as this impression has currency, it will contribute significantly to the erosion of worker motivation, because what is the point of working hard if at the end there is so little?

We must, therefore, give great priority to strengthening and improving our public and private retirement programs so that they will provide an adequate income to the elderly—and I believe it should and can be done along the lines I have suggested:

Perhaps then we can state with conviction the famous lines from Robert Browning:

Grow old along with me!
The best is yet to be,
The last of life, for which the first was made.

Tuesday, November 30

The Honorable Elliot L. Richardson
Secretary of Health, Education, and Welfare[1]

The President, last July, declared that steps would be taken to improve the deficiencies characteristic of many nursing homes. He asked that the Department of Health, Education, and Welfare take steps to this end.

Subsequently, a study was made by the Department of the skilled nursing home certification process in 38 States under Medicaid. Since Medicaid is a Federal grant-in-aid program, administered by States in accordance with Federal regulations, State Medicaid agencies are responsible to the Department of Health, Education, and Welfare for making sure that State programs are in accordance with all Federal regulations as well as with State and local rules.

A State can give the Department assurance that this is so only if it demonstrates that homes are inspected, that standards are enforced, and that only homes that meet Federal, State, and local standards are "certified" to participate in the Medicaid program and receive Medicaid funds.

In all the 38 States surveyed, substantial deficiencies were found in their nursing home certification process. The deficiencies related to interagency agreements, certification procedures, and provider agreements—deficiencies serious enough to require significant improvements. Today, therefore, I have notified the appropriate officials in all 38 States and advised that they will have until February 1, 1972, to significantly improve their Medicaid processes.

The States have also been informed that the Department of Health, Education, and Welfare stands ready to assist them, in any way the Department can, in upgrading their procedures. If the States fail to validate improvements by the February 1 target date, the Department intends to initiate a noncompliance procedure that could ultimately result in withholding all Federal Medicaid funds from any or every one of the 38 States.

Finally, *all* States and territories receiving Federal Medicaid funds have been given until July 1, 1972, to inspect every participating skilled nursing home to insure that such homes are in compliance or in substantial compliance with the Medicaid certification procedure that the States must have in place by February 1, 1972. For any States not in compliance by the July 1 date, the Department of Health, Education, and Welfare will have no choice but to initiate conformity hearings.

I am hopeful that such strong Federal action will be unnecessary. I believe that none of the 38 States face insurmountable difficulties in meeting the February target date. But let there be no mistake about it, the President has said Federal funds will no longer be used to subsidize nursing homes that are little more than warehouses for the elderly . . . dumping grounds for the dying . . . and I mean to enforce that Presidential directive.

The Honorable George Romney
Secretary of Housing and Urban Development

All of us here have at least one thing in common. We'll all be a day older tomorrow. Many of us are already old enough to be called senior citizens. In fact, my 16 grandchildren already have reason to call me one. So you can understand I'm particularly honored to address the Second White House Conference on Aging.

Now I'm acutely aware of the severe and varied housing needs of many of our senior citizens. Many of these problems reflect the high incidence of elderly poverty, which is nearly double the national poverty rate. Poverty forces many elderly to pay a disproportionate percentage of their income for housing—leaving too little to support other critical needs.

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[1] The full text of Secretary Richardson's address is not available, but a summary of the major points of his address are presented herewith.

Given the relatively fixed nature of elderly incomes, this problem has been greatly aggravated in recent years by the rapid rise in housing costs. For example, between 1965 and 1970, the cost of buying and maintaining a new home increased by nearly 80 percent while the median income of elderly Americans rose by about 40 percent. Property tax increases have been a major factor in this housing cost escalation, rising during the same period an average of nearly 85 percent.

An equally serious problem involves the large number of elderly living in substandard housing. While this problem has improved significantly during the 1960's, it remains severe. For example, over 1.6 million elderly Americans live in housing which lacks basic plumbing facilities.

A third problem relates to the large, large number of elderly who live in deteriorating or isolated urban and rural areas. The inaccesibility of services in these areas is particularly serious for those elderly who are limited in mobility because of chronic health conditions or lack of money to pay for transportation.

Finally, as described by the President in his August statement on nursing homes, the plight of the institutionalized elderly is particularly grave. Almost five percent of the elderly—nearly one million people—live in expensive and often substandard long-term care institutions. This figure has increased from under four percent in 1960. Many have been institutionalized prematurely. There's no question that better alternatives must be developed. Fortunately, a majority of elderly Americans *are* mobile, *are* healthy and *are* capable of a more meaningful role.

A great variety of elderly housing is needed. Many elderly citizens require housing that is specially designed to promote safety, facilitate movement, and encourage socialization with people of all age groups. Others, while requiring housing assistance, are well served by general-purpose units. Some need congregate housing and intermediate- or even long-term care institutions.

The provision of shelter must be integrated with the effective delivery of nutritional, health, transportation, training and other essential services. At the same time, incomes must be at a satisfactory level and opportunities must exist for employment, recreation and other forms of community participation.

During the decade since the first White House Conference on Aging *some* housing progress has been made. Public housing occupied by the elderly increased during that time from about 80,000 to 320,000 units—400 percent. Within that total, specially designed elderly housing increased from 3,500 units to approximately 160,000 units. As a result, by the end of 1970 almost 40 percent of all public housing units were occupied by elderly families and individuals.

Elderly occupancy in our other housing assistance programs also increased rapidly. We estimate that well over one-third of all other HUD-subsidized housing units were occupied by the elderly at the beginning of this year. And as one more example of progress, nursing home beds under the Section 232 program numbered only 1,330 in 1961. That figure is now 57,000 beds.

While the figures in this history of progress are impressive, greater progress is essential.

As you may know, this Administration inherited the Congressional decision to phase out the Section 202 program under which nonprofit sponsors of rental housing for the elderly received direct three percent Federal loans. The Section 236 program, which subsidizes interest on mortgages to as low as one percent, was enacted to replace the 202 program.

The 236 program has four key advantages over 202—higher production levels, lower rent levels, more varied sponsorship, and greater diversity of tenant age and income. A more detailed description of the last three advantages is contained in your HUD fact sheet. Let me comment on the first—higher production levels.

Out of a 35,000 unit Section 202 pipeline of pending applications and proposals, HUD has approved, under Section 236, projects including over 33,000 units—a funding rate four times greater than that achieved under Section 202. In three fiscal years—1970 to 1972—HUD will fund under Section 236 more specially-designed dwellings for older Americans than were funded during the entire ten-year history of the 202 program.

During this fiscal year we will allocate $35 million—over 17 percent of our entire Section 236 authority—to housing for the elderly. That will permit between 41,000 and 44,000 units to be approved—almost as many as the total number of units approved during the entire ten-year history of the 202 program. And to make the program more effective, our Department is presently preparing a separate circular for Section 236 elderly housing.

Nonprofit sponsors did an excellent job within the 202 program. We want to help them do the same with Section 236. Two-thirds of all pending applications to build housing for the elderly under Section 236 have been submitted by non-profit sponsors.

Many of these sponsors need both technical and financial assistance to get projects started and completed. A specific HUD program is directly geared to assist them—Section 106(b). It provides interest-free loans to get projects from the drawing board construction. At times repayment of these loans is waived when the sponsor runs into financial straits. We have already approved loans of $5 million during the first three years of operation. Last year they were $2.7 million. This fiscal year we expect such loans to be over $7 million.

Today I am announcing the beginning of a new program that should be of great assistance to non-profit sponsors. Authorized by Section 106(a) of the National Housing Act, this is a $1 million grant program. And under it HUD will contract with experienced public and private non-profit organizations to provide a variety of technical assistance and information to inexperienced non-profit sponsors of low- and moderate-income housing.

Public Housing and Rent Supplement programs are also extremely important for the large number of elderly who are poor or near poor. For this reason, our Department has set a target level of one-third of all fiscal year 1972 public housing contract authority to be used for specially designed housing for the aged.

Now, the high levels of subsidized elderly housing production reflect the success we have had in stimulating volume production of total subsidized housing. During fiscal year 1971 the volume of HUD-subsidized housing starts reached about 400,000 units. We expect that total to reach over 500,000 units this year. This contrasts with a volume of about 150,000 subsidized housing starts in FY 1969.

HUD activity has also stimulated total housing production. We expect at least 2.5 million units in calendar year 1971—an all-time record.

At the same time, other HUD programs assist the elderly. Nearly 80 percent of reporting Model Cities were using supplemental Model Cities funds for elderly programs. An additional five percent are currently planning such programs. The number and scope of these programs will undoubtedly increase during FY 1972—especially under the continued funding of the HUD/HEW contract with the National Council on Aging, which specifically encourages such programs.

Nursing homes under our Section 232 program will increase by an estimated 11 percent during FY 1972 to an annual production figure of 14,500 beds. The HUD nursing home program —recently amended to cover intermediate-care facilities—has been responsible for significant recent improvements in nursing home standards.

Congregate housing can also play a more important role. Because many elderly persons with adequate nutritional and other supportive services could avoid expensive and often premature placement in institutions, we are planning to issue new congregate regulations for both our public housing and Section 236 programs within the very near future.

Now, more research related to the elderly is needed in HUD program areas. Topics presently the subject of HUD-sponsored research relate to causes of home accidents, use of home equity for annuities, architectural barriers, and two elderly housing program studies being conducted by the Urban Institute. Because we need a higher level of elderly-related research, we solicit meaningful proposals. Please send them to Harold Finger, Assistant Secretary for Research and Technology.

The public and consumers require regular information about elderly housing needs and programs. The statistical handbook we provided you is such an effort.

I understand you also have copies of our brochure describing all HUD programs for the elderly, "A Guide to Elderly Housing"; a description of our filmstrip on housing for the elderly, "A Stranger Just Once"; and a copy of the November "Housing for the Elderly" edition of *Challenge* magazine.

Now, let me turn directly to the problems facing elderly homeowners—a group representing nearly 70 percent of all elderly. Over 80 percent of their homes are owned mortgage free. But many of these owners are "house poor," because property taxes and other housing costs are generally rising faster than incomes. Moreover, many of these homes were built for younger and larger families and, as a result, they impose a severe financial and maintenance problem for the elderly homeowner. Many older people would like to move out of these homes into new, smaller, more appropriately designed units, but rising costs often lock them into their present quarters.

HUD has a homeownership program—Section 235—that can be used to reduce interest payments on new homes to as low as one percent. Up to now, elderly participation in this subsidized housing program has been minimal. But our Department is presently considering administrative changes that would enable Section 235 to provide elderly with the *option* to move into new units. In some cases, participation by local housing authorities may be necessary to facilitate the sale of elderly-owned homes and to enable larger low-income families to afford these vacated units.

We also recognize the importance of assisting the elderly who wish to continue living in their own homes. Property tax increases are a major problem. The President's General and Special Revenue Sharing Recommendations will significantly retard property tax increases and thus greatly aid the elderly homeowner and renter.

Other activities of this Administration also benefit the elderly. The Cost of Living Council owes its very existence to the Administration's attempts to curtail the spiraling inflation that has pinched the pocketbooks of all Americans, but has had even a more severe effect on those with fixed incomes such as the elderly.

In our own Department, Operation *Breakthrough* attacks the general problem of rising housing costs by developing ways to break through the specific barriers to volume housing production and marketing, such as outdated building codes and zoning laws, antiquated methods, outmoded materials and high labor costs. Also the President's proposals for broad welfare reform and increased social security benefits would help elderly homeowners.

Government programs are important, but I believe we must rely heavily upon private programs. Dr. Arthur S. Flemming's proposal for increased voluntary action to provide services to the elderly is an excellent example of what we need.

Self-help is vital. The search by older persons for new meaning, new jobs and roles is essential to their living independently and happily.

Finally, I believe the younger generations must reassess their obligations to older parents and relatives, rather than leaving most problems of the elderly for the government or private third-party solution. At no time in history has the coming generation been in greater need of the wisdom and affection of their living forbears. I hope this Conference will identify ways in which your experience and empathy can be more fully employed in saving the nation from the consequences of indifference to those who made the very existence of coming generations possible.

Thank you very much.

Luncheon Program for Sections on

TRANSPORTATION

GOVERNMENT NON-GOVERNMENT ORGANIZATION

FACILITIES, PROGRAMS AND SERVICES

Shoreham Hotel

Monday, November 29

Presiding: Dr. Inabel Lindsay

Invocation: Reverend Anthony Rocha

Speakers: House Interstate and
Foreign Commerce Committee
The Honorable
William L. Springer
The Honorable
Paul Rogers

Tuesday, November 30

Presiding: Mr. Frell Owl

Invocation: Mrs. Fred Weiser

Speakers: The Honorable
John A. Volpe
Secretary of Transportation
The Honorable
Virginia H. Knauer
Special Assistant to the
President for Consumer Affairs

Wednesday, December 1

Presiding: Mrs. Grace Howard

Invocation: Lieutenant Colonel
Olaf D. Lindgren

Speakers: House Government
Operations Committee
The Honorable
William J. Randall
The Honorable
Ogden R. Reid

LUNCHEON ADDRESSES

Before the Transportation, Government and Non-government Organization, and Facilities, Programs, and Services Sections

November 29

The Honorable William L. Springer
Member, House Interstate and Foreign Commerce Committee

Knowing that this group has given much time, effort and knowledge to the study and deep consideration of the aging process, I shall not presume to inform you on the issues which are to be faced. Although I have given a great deal of attention to this field in the last few years, I know that many of you might call me a Johnny-come-lately to the effort—and in comparison with your dedication you would undoubtedly be justified.

Since my attention has been turned to the subject, I have found, as I know you have, that the most dangerous thing to do with any broad socially oriented subject is to generalize too greatly and to categorize. There is a tendency in certain parts of our society to picture the elderly in our population in a stereotyped way which is neither accurate nor fair. The picture brings to mind an aged man sitting dejectedly on the front porch of a board shack, staring vacantly into space while leaning on a homemade cane. The stereotype conveys the idea that all of the aged are beyond recall and redemption mentally and physically and that the only question which should concern society is when to institutionalize them. Unfortunately, some of this false picture is fostered by well-meaning people who only mean to focus attention upon the most pressing of the problems in the field.

Certainly not all of those 20 million folks over 65 are poor. Many have sufficient means to meet their needs and more besides. It would be surprising, however, if any large number can roam the world at their whim and winter on the Riviera. What percentage of the people at the height of their productive years can do so? The statistics with which we are all familiar indicate that about five million of that twenty are actually below the recognized poverty line. What hurts is that many of these are in such straits because of circumstances which overtook them and not lack of foresight or a life history of poverty. But apparently only one percent of the group find themselves limited to social security for income.

Fortunately for the individuals involved and for our beleagured health delivery system not all of them are sick. Most suffer from some kind of chronic condition. But many of these ills are such that activity need not cease or even that enjoyment of activity be impaired.

I know that much attention is given to the problems attendant upon helping the aged who find themselves in the heart of a fast moving, changing metropolitan area. They do have special problems. And I would have thought a few years ago that growing old in a small, closely knit community with long time friends would be ideal. Now I know that advanced age in a decaying area or in a spread out rural area can be most difficult when the time comes that old cronies cannot drive around to see each other and public transportation is apt to be non-existent.

I suppose what I am trying to say is that I now recognize, and people like you recognize, that the problems of the aged and aging are as diverse as those which afflict all of society. They cannot be tagged and thrown in a bin with the proper sign on it. They cannot be solved solely by a few legal or administrative devices. Neither should they be left to fester while we wait until we know everything there is to know about the matter. That may be never. Like all such things, developments seem to keep striding ahead of solutions.

It was with these things in mind that I sponsored a bill to create a National Institute of Gerontology. At the same time I introduced a bill to promote an intensive five year program of biological research on aging. The first of these bills was assigned to the Committee on Interstate and Foreign Commerce on which I serve and the second one went to the Committee on Education and Labor. Our committee has not as yet held hearings on the Institute for Gerontology bill for reasons which I will discuss in a moment, but a similar bill in the Senate was the subject of three days of hearings last June. It is my hope that the committee calendar will allow us to get to my bill early in the next session. I am particularly anxious for this to be done because I will not be returning to Congress after next year. I would like very much to see the Institute provided for and set up before I leave.

Recognizing that health is only a piece of the puzzle, we can easily see that the most immediate problems and the greatest tragedy are to be found here. Whether or not money is a problem, many older persons need extensive health care which may not be available to the individual for various reasons or may not be available in the community at all.

Which brings me to the reason, or at least *a* reason, why the Subcommittee on Public Health and Environment has not been able to move on the Institute for Gerontology bill this session. Lack of health manpower and the uneven distribution of that manpower affects every citizen whatever his age. The renewal of the Medical Education Act, now called the Health Manpower Act, and the Nurse Training Act were of paramount importance in this first session of the 92nd Congress. This legislation, which carries a price tag of well over 3 billion dollars for the next three year period, 400 million in 1972, 500 in 1973, 600 in 1974, is designed to step up even further the development of medical and other health professional schools and the capacity of those schools. Since the first act of this kind, there has been a provision which requires increases in enrollment if schools are to qualify for funds. Extra funds are provided if larger increases can be accomplished. In addition to the so-called capitation grants, the act includes special project money, start-up money for new schools, initiative grants for better curricula and some reserve money to help those medical schools which meet financial reverses. Student loans and scholarships have been liberalized to attract students who are more likely to practice in the shortage areas and forgiveness features were expanded to encourage the same thing. Family practice is encouraged and assisted in every way possible. All of this applies in most respects the same for nursing students. Whatever results from the Health Manpower Act, and we certainly hope it will significantly affect the supply and distribution of health professionals, is bound to favorably affect the health problems of the aged.

Another bill which has received attention by the committee is the bill to beef up the fight against cancer. At present the measure has passed both houses and must be hammered out in conference. This will start on Wednesday. Streamlining the organization to attack cancer, with the expressed interest of the President and a simplified budgeting process, is bound to pay off in research benefits and accelerated time schedules. Extra sums of money are already pumped into the effort and more will come. Since cancer is in fact a major cause of illness among older citizens and is also the source of widespread worry and dread in the same group, the priority given to this legislation is fully justified from any angle.

Now I know that many of you are interested in other aspects of this subject and would like to know something about activities of the Commerce Committee in fields other than health. That would bring us around to transportation which is one of the major items included within our jurisdiction. As peculiar as it may seem to those not entirely familiar with the system, our committee does not handle legislation which covers urban mass transit. That subject falls within the purview of the Committee on Banking and Currency because of its connection with housing.

There are a few bills all basically the same in our committee which would provide half or partial fares for senior citizens. Nothing has happened to these as yet. This may be because of the preoccupation with attempting to save the railroads and salvaging the remnants of the passenger service. It has had to wait also for several actions by Congress to avert nationwide railroad strikes. No doubt other emergency matters could be cited as reason for no action—but for whatever cause, no action has occurred. I think I can assure you that these bills will receive a high priority in 1972 and I think we can move them.

Without trying to make policy for another committee, but only to explain my own view, I would like to point out that the matter of partial or reduced fares in urban transportation systems seems more pertinent than for interstate or international travel. The ability to get around the community would seem to me to be more important to large numbers of older citizens than the possibility of traveling around the country. And, of course, the whole subject of special fares is a touchy one which has been bothering the Civil Aeronautics Board and the Interstate Commerce Commission for quite awhile. As long as transportation units have excess capacity, as at present, it can be argued that it is sensible to use the space at reduced fares for some return to the carrier. Older citizens who are healthy and financially secure should need no subsidy, unless it is to be our policy to keep us old folks moving, like Philip Nolan or the Flying Dutchman. But the truly needy need this now—reduced fares is one of the things the marginal elderly desire most. In the next session there will be some respite from emergencies and a chance to consider some measures of this type. Certainly these are of enough importance to justify committee consideration. We realize old people need this relief.

Other kinds of legislation affecting the aged especially are not apt to reach our committee. Many of the other things we deal with will have a far-reaching affect on them however. There are, for example, the consumer bills which touch upon warranties and product safety. Packaging, labeling and control of hazardous substances have been the subject of legislation and are being further considered. Communications, particularly television and cable television, have great implications for older citizens. Proposals on these and many more will be hammered out and in the course of creating such legislation the special problems and special needs of our increasing older population will be taken into account.

The work of this conference, the information obtained, the thought, discussion and recommendations worked out here will be invaluable to Congress as it considers present and future legislation directly and indirectly touching upon the aged. We hope that in addition to forwarding your recommendations on the elderly to the President you will let us in the Congress also have them as well. If any legislation is needed, it will have to start with the Congress—with us who enact the law in the first instance.

The Honorable Paul Rogers
Chairman, House Public Health and Environment Committee; Member, House Interstate and Foreign Commerce Committee[1]

Every story, every statistic which has emanated as a result of this Conference implies needs of the elderly as though this segment of our population is somehow separate from our society. The implication is that our elderly citizens have special needs and are some how divorced from the rest of society.

But this is true of every age group. Education, by and large, is a need and problem of the young. Just as employment is a need and problem for those between youth and age 60. But we do not consider these people on the outside. And our elderly should not be considered outside either.

We constantly speak of the needs of our elderly but seldom speak of their contributions, ability and potential for contributing to society, and this is totally shortsighted.

The income problems of the elderly are not being properly considered and existing laws should be changed to be more flexible and responsive to the elderly.

It is almost un-American to tell a man or woman who wants to work that he cannot do so because of the age of his birth. Yet the laws we now have in fact prohibit a man from earning a certain amount or he is penalized. For millions of our older citizens, this means a life of minimal existence.

One of every four elderly citizens has an income below the poverty level.

I would hope that the President would tell you at the close of this Conference that he intends to give the problems of the aging a national priority.

I plan to introduce legislation in the very near future to create a National Institute on Aging. This institute would bring the Nation's resources together to find answers to many of the physical problems involved in the aging process.

November 30

The Honorable John A. Volpe
Secretary of Transportation

I am delighted to be here—to participate and to pledge the continuing support and commitment of my Department to the goals of this Conference.

Travel today is often a trying experience for the young and able; as you are well aware, it can be an ordeal for the aged or infirm. The aged must be afforded the same opportunities as other persons to use public facilities and services, and to take part in the affairs of community life.

The Department of Transportation has been given the responsibility for improving transportation methodology through research and demonstrations to improve mobility for all Americans and specifically the elderly of this country. We gladly accept this as our role.

Yet the challenge is intensified by a number of factors—not the least of which is the fact that one-half of the 20 million Americans over 65 live at the near-poverty level. They have little discretionary income. In most cases the incomes of the elderly have not kept pace with the rising costs of goods and services. What may have appeared 10 or 20 or 30 years ago to be a comfortable retirement income could be hopelessly inadequate today.

And I would be negligent if I did not note that President Nixon's anti-inflation program is working to relieve that situation. By exercising restraint over wages and prices, the President's program is especially helpful to those on fixed incomes, those who are frequently caught on the short end of the wage-price cycle. At the same time, we are working with all diligence to provide an alternative to the expensive proposition of owning and operating a car.

We want to make public transportation economically accessible to all. President Nixon, when he took office, directed that transportation be improved for all the people of our land. Unprecedented legislation, providing for progressive long-range developments in air, highway, railroad, and urban mass transportation, has been enacted. We are on our way to a better brand, a better blend, and a better balance of transportation services for all who travel.

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[1] The full text of Congressman Rogers address is not available, but a summary of the major points of his address are presented herewith.

Every plank in our broad platform of transportation reforms has provisions for the elderly and the handicapped. We intend to overlook nothing that might make transportation more respectful of our elders.

There are two approaches we are taking. On the one hand, we are conducting demonstration programs designed specifically with the transportation needs of the elderly in view. At the same time, we make certain that *every* transportation program we sponsor or support involves due consideration for the circumstances of the senior traveler.

Section 16 of the Urban Mass Transportation Act, for example, requires that localities give special attention to the needs of the elderly and the handicapped when planning and designing urban mass transportation facilities and equipment. This means what it says. I have personally insisted that no grant be approved until the applicant shows that this stipulation has been met. There simply is no longer any place in this country for transportation initiatives that fail to consider 20 million of our citizens.

A case in point is the new subway—or "Metro"—system now under construction here in the Washington area. We insist that it be accessible to all—and that is why we worked with the metro planners to provide for the installation of elevators to the train platforms, recognizing that escalators alone would not suffice.

But let's look at the larger picture, of interest to *all* Americans.

I should like first to tell you what we have done and then I shall discuss our program for the future.

We have a number of demonstration projects underway or on tap that put the transportation needs of the elderly and the handicapped foremost.

For example, in the lower Naugatuck Valley in Connecticut, where 10 percent of the population is of retirement age, our Urban Mass Transportation Administration (we call it "UMTA") is funding a unique transportation demonstration. Bus service to and from the community's health and medical facilities will be furnished, on a fixed-route basis, and—experimentally—on a demand-responsive basis as well. That means the bus will make house calls even when the doctor can't.

In Helena, Montana, where there is no public bus system, UMTA had made a grant to the local taxi company to provide reduced-rate service to senior citizens on a "will call" basis.

One innovative program we have particularly high hopes for is the "dial-a-ride" demonstration project to be tried in Haddonfield, New Jersey. The intent here is to operate a flexible, semi-automated system, enabling residents to dial for a bus when they need one. The buses have been purchaser, the equipment is being installed, and we hope to be underway in February.

Any or all of these demonstration projects could become the model for better door-to-door municipal transit systems to come.

As another example of transit developments with built-in "people saver" provisions, the new Bay Area Rapid Transit System in San Francisco—which opens this spring—will feature elevators to transport passengers from street level to the train. The system will make extensive use of loudspeakers and super-visible signs, and will have special gates and fare-collection procedures to ease the way for older passengers.

The "people-mover" demonstration project in Morgantown, West Virginia, is designed to meet the needs of its passengers more than half way. There will be no more "waiting for the bus"—another "people-mover" will be along in a matter of minutes. Aisles will be spacious, doors wide, the cars clean and comfortable, and no tricky steps or high curbs to contend with.

While other new rail and subway systems are beginning to sprout in cities across the country, buses still promise to be the mainstay of public transportation for some time to come.

Not bus systems as we have known them, but bus systems as they should be.

Buses themselves can stand improvement. UMTA's Office of Research, Development and Demonstrations is putting the finishing touches on a new set of bus specifications that include lower bus floors, special doors, lower steps; in fact, an experimental bus has been designed that actually kneels down to the curb after it pulls up to the bus stop!

I might also mention that we are experimenting with new low-emission engines, and even with steam-powered and natural gas-powered buses, prototypes of which are now in operation, as a means of cutting down on air pollution. And that's good news for everybody, young and old alike.

While urban transit is often the most immediate of the elderly's transportation needs, it is not the only one. The aged have "long distance" travel problems, too.

The National Rail Passenger Act (Amtrak) was proposed by President Nixon and passed by Congress as a means of rescuing and revitalizing passenger rail service in the U.S. I know that many older people prefer to travel by train. Amtrak is trying to enlarge that frame of preference by making rail travel more attractive to more people. It is a difficult job, but I am confident the train—especially on routes up to 400 miles—can be restored as a popular and viable form of intercity transportation.

For those able and willing to travel by air, the most difficult obstacles are the terminals and the trip to and from them. But help is on the way. Air terminals today are being designed to minimize walking, baggage handling, and passenger processing—and airport access plays a vital part in all airport planning.

On the highways, we have launched a nationwide program of driver control which, among other things, is intended to help our elder citizens cultivate better driving and pedestrian habits. We are deeply concerned that while the elderly comprise about 10 percent of the population, they account for 28 percent of pedestrian fatalities.

I think it's important to point out that while we hope to make elderly pedestrians more safety conscious, we are working equally hard to make all drivers more aware of their responsibilities behind the wheel.

Also regarding highway transportation we are well aware that our highway responsibilities include housing relocation. While some forms of relocation assistance have long been available, they—on occasion—have been impersonal and inconsiderate. It has long been my policy—and the Congress has now approved it as a national policy—that suitable replacement housing must be provided before any resident's life is disrupted by a highway project.

It doesn't make any sense to kick someone out in the street just to build another street! And in far too many cases the people being displaced were elderly people—for whom the disruption was particularly harsh. The way the policy reads now, no Federally-financed construction project gets our approval unless and until adequate replacement housing is found, or if need be, built. Period.

There is another area of vital concern to the elderly. I touched upon it a moment ago while mentioning fixed incomes and the like. We recognize full well that the cost of public transportation is crucial, and we are inspecting very carefully the possibility of government supported reduced fares for the elderly. Already, in a number of cities, experimental programs are underway for off-peak hours on bus and subway lines. But how about reduced fares on trains? And on planes and on other modes? We are watching all the experiments closely, and if such an approach is found to be sensible and produces measurable results, government at all levels should be ready to tackle the problem on a nationwide basis. This is certainly an area worthy of full attention; it not only answers a need, it also gives local communities and the states an opportunity to help the Federal government provide answers to that need.

Our sensitivities to the needs of the elderly are by no means confined to the few programs I have mentioned here today. We are exploring a great host of possibilities, including such things as the use of school buses during off-hours, in an effort to bring the means of mobility to more of the elderly.

We don't question the suitability of school buses for trips to concerts, parks, ball games, medical facilities, shopping excursions, sightseeing trips, or what-have-you. Indeed, a perliminary study being funded by our Federal Highway Administration is even looking toward the possible use of off-duty mail trucks!

I will be realistic, however, and point out at least one problem communities are having with the use of such vehicles. The matter of liability coverage for public as well as privately-owned school buses used to transport the elderly seems, to many communities, to be an insurmountable problem. In this regard, we are now working on a program that will provide liability coverage for those school districts and private companies that want to participate.

We feel that this is certainly a worthwhile function of a government that cares about its senior citizens. Nothing is insurmountable when you really want to do it.

We are committed to all the research it takes and to whatever programs will do the job best. I assure you we welcome and solicit your suggestions and recommendations.

Our motives are not entirely free of self-interest. Old age is not something that happens only to the few or the unfortunate. The good Lord willing, we shall all come to know the rewards as well as the trials of old age.

By 1985, the over-65 population in our country will number 25 million; 30 million before the year 2000. We would be foolish to deprive our Nation of the great contributions which our elderly citizens, by virtue of their maturity and experience, can make to our society and to the world. Yet, without adequate transportation, those contributions could be severely curtailed.

We cannot arrest the flight of time. But we can make the journey as comfortable and as fulfilling and as fruitful as possible. For transportation to be a good and faithful servant, it must be the servant to all.

Thank you for inviting me to be with you today.

The Honorable Virginia H. Knauer
Special Assistant to the President for Consumer Affairs

We owe our elderly, our senior citizens, much. They fought in World War I, in World War II, they gave their sons to wars. They raised us, they fed us, they clothed us, they sent us to school, they packed our lunches. They lived through the depression, and after they suffered through the wars, they struggled to give us a better life, a better government, a better educational system, a better marketplace, a better world. They did all this. Yes, they made mistakes, and they had faults, but they gave, and they gave much, and we owe them much. They are our parents, and one day soon we shall all stand in their shoes.

We cannot look away from their special problems and we should not look away, and that is why this White House Conference on the Aging is so important. Through this Conference, we can show America the problems of the elderly. We can show America what should be done and what had to be done, and by arousing the combined efforts of government, of business, and of the private sector, we can act, and act wisely.

We know that a major problem of the elderly is economic. In 1970, half of the 7.2 million families with heads 65 years or older had incomes of less than $5,053. Almost a quarter of the older families had incomes of less than $3,000.

Of 5.8 million older persons living alone or with non-relatives, half had incomes of less than $1,951. A third of unrelated individuals had incomes of less than $1,500.

There has been some help.

Due to the increase in Social Security payments in 1970, the median income of families with heads 65 or over rose 5.2 percent from $4,803 in 1969 to $5,053 in 1970. But as ironic as it may seem, the increase in Social Security benefits in some States has led to the loss of other benefits. I am sure that those of you who read the *Wall Street Journal* story last Friday were dismayed at the reports of senior citizens who tried to give the increase back to the government, but couldn't. We must take steps to see that such inequities do not occur again.

We have known the chilling effect of inflation on senior citizens and others on fixed incomes. Unchecked, unharnessed inflation hurts everyone, but especially those who can't look forward to a raise in their wages.

And inflation has a marked effect on the prices the elderly have to pay for health care.

Just the other day, I received a letter from a retired gentleman in Philadelphia, my home city. He writes about the soaring costs of calcium gluconate. Twelve years ago, he paid 75 cents a pound for it. Now he pays $4.75 a pound. He wants to know why.

The sharp upturn in medical costs started in 1966. The Consumer Price Index shows that a cross-section of medical goods and services that could be bought for about $80 in 1960 cost just over $10 more in 1965. But between 1965 and 1970 the cost of the same services went up by $30, three times as much. And the September 1971 cost was $10 above the 1970 average.

These cost increases are highly—some describe them as wildly—inflationary.

The impact such inflationary pressures can have on the elderly can be readily comprehended when we understand that where the per capita health care expenditures for individuals under 65 are $225 annually, for those 65 and over the figure is more than three times as much—$790. Fortunately, over half the amount paid for health care for those over 65 comes from governmental programs. Still, the burden of inflationary health costs on our elderly is significant.

President Nixon has understood the problems that inflation has caused consumers generally and the elderly specifically. And so on August 15 he instituted a new economic policy. We had the wage and price freeze and now we are into Phase II.

I think it can be said categorically that thus far this New Policy is working. The Wholesale Price Index dropped 0.3 percent in September, and another 0.1 percent last month.

The Consumer Price Index rose only 0.1 percent in October and only 0.2 percent in September. This compares with an average monthly increase of 0.4 percent in the six months prior to September. Longer-term trends also show that inflation is slowing down. For the year ending this past October, prices rose a total of 3.8 percent compared with a 5.8 percent increase in the year ending October 1970.

These figures have great meaning for the elderly and those on fixed incomes. Translated, they mean that the inflationary rate has declined considerably, and that not only the elderly, but all consumers, can look forward to a more stable currency: The Damoclian sword of lower and lower standards of living should not be a constant nightmare for our senior citizens.

In the specific matter of drug prices and health care costs, the President has established a Committee on the Health Services Industry, which is headed by Mrs. Barbara Dunn, Commissioner of the Department of Consumer Protection for Connecticut. This committee will advise the Cost of Living Council, of which I am a member, on methods to reduce the escalating costs of medical service without reducing its quality.

Still another burden facing our senior citizens is the matter of rent costs. Statistics from the Bureau of Labor show that citizens over 65 pay about 30 percent of their income for housing costs, compared to 23.4 percent for those under 65. In short, when costs go up in rent, the impact on the elderly is considerable.

An important part of Phase II will be the action of the Rent Advisory Board. This Board will provide advice to the Price Commission on special considerations involved in the stabilization of rents. Last week, the President announced the appointment of 14 persons to this Board, and four of them represent consumer interests. One of these four, Mrs. Mary Elizabeth C. Sowards, serves as a member of the President's Consumer Advisory Council which advises the President and my office. Another member, Robert D. Blue, serves as a member of the Older American Advisory Committee to the Secretary of Health, Education, and Welfare. Another member, Mrs. Rossetta Wylie, Chairman of the National Tenants Organization, will look after the problems of the low-income housing residents. I can assure you that the subject of rent costs for the elderly will not be overlooked by the Advisory Board.

Still much more needs to be done.

President Nixon's Social Security and Adult Assistance proposals now before Congress add significant new benefits to Social Security and introduce improved income assistance provisions for those with low incomes. This legislation establishes two primary goals for the elderly—first, the establishment of an income floor for poor older Americans, and second, the guarantee of inflation-proof Social Security benefits. In fact, additional Social Security cash benefits payable under this bill total $3 billion and additional Medicare benefits total $1.7 billion. We must see that H.R. 1 passes.

Another area in which we need to take action to protect the elderly in the future is in pension planning. The major problem is that only half the work force in the United States has the security that pension plans provide; the other half doesn't. Another problem is the injustice caused to workers, who, through no fault of their own, lose their pensions to which they have contributed all their lives because they leave their employment shortly before retirement. While the number of such losses is very small, the loss to the affected workers is immense.

The Administration is now working on a comprehensive legislative package to deal with these problems, and we expect that it will be ready to send to the Congress very soon. We hope, too, that Congress will take swift action on these proposals.

For some time now, I have been concerned about the problems caused to the elderly by the get-rich schemes offered by a number of multi-level distributorships. Knowing that the elderly are anxious to supplement their limited income, some of these outfits promise rich returns on pyramid sales tactics.

The majority of the companies using the multi-level distributorship scheme require the individual to purchase certain amounts of the product they sell in order to become part of the organization. Each person buying into the organization pays a fee to become a "distributor." And that's where the razzle-dazzle comes in. The emphasis is placed on the glowing picture of the earning potential of becoming a distributor by signing up other people as "distributors".

They appeal to the Horatio Alger dream in the American mind. Too few of the investors have had any business experience. But to the "go, go, go" chant of the pitchmen they convince themselves that they can recruit friends, acquaintances and neighbors to become distributors, too.

But the bubble bursts—just like the old chain letter. The problem with the scheme, of course, is that within a mathematically short period of time, one runs out of people. Two carried to the 29th power equals the approximate population of the United States. The people who buy in on the first levels may get their money back, or even make a profit. But the people who buy in at the end of the scheme—at the saturation point—stand to lose their money.

The National Association of Attorneys General was so concerned about the effect these tactics were having on the States and on consumers that at its convention last June it urged action on the Federal level. I have been in frequent communication with the various regulatory agencies concerned with this problem, and I am pleased to announce that the Securities and Exchange Commission has taken action today to require multi-level distributorships and pyramid sales plans to adhere to the securities laws. What this means is that henceforth, any multi-level distributorship found giving false or deceptive information to prospective purchasers can be prosecuted by the SEC. These firms are now on notice that the full force of the SEC injunctive civil and criminal powers will be used against them. These predators are unlikely to continue their questionable operations.

How much money this action by the SEC will save consumers and the elderly nobody knows. But just to give you an estimate, in Pennsylvania alone, the Consumer Protection Agency recovered $350,000 in refunds for individuals who were victimized by *one* firm. This figure represented only .45 cents on the dollar invested, and just to those individuals who came into the consumer protection office and complained that they had been defrauded.

Further, this problem has spread from State to State, causing losses in each State, and in some cases requiring action by 15 to 20 states to bring separate action against the same firm.

I want to congratulate SEC Chairman William J. Casey for taking such expeditious action on this matter. This action by the SEC will protect the savings and the pension plan benefits of many of our senior citizens.

I am, of course, concerned about other consumer problems which affect the elderly. The Federal-State Relations Division within my office has found through its contacts with the States that the major complaints of senior citizens are door-to-door sales; the unavailability of suitable foods or goods; health frauds; the unavailability of automobile insurance renewals; and the rise in health insurance and utility rates.

Where appropriate, we have taken action on the Federal level to resolve these problems. The Federal Trade Commission has proposed a rule which would require a three business day "cooling off" period before a contract becomes final; the Food and Drug Administration has been vigorous in moving against medical quackery; and we believe that the adoption of no-fault insurance systems by the States will help alleviate renewal problems faced by the elderly.

The President has sent to the Congress a series of consumer legislation proposals which, if passed by the Congress, will certainly benefit the elderly.

These include legislation to strengthen the FTC in enforcing the laws against fraud and deception, a warranty bill to make warranties meaningful; a Consumer Product Safety Act which would give the Secretary of Health, Education, and Welfare authority to remove unreasonably hazardous products from the market; and a Drug Identification Act which would require the identification coding of drug tablets and capsules, so that proper action can be taken for a patient when overdosage or accidental ingestion occurs.

These are some of the solutions to the problems that we have devised. Yet, there still remains much more to do.

We know, for instance, that most States have laws that prohibit, or severely restrict, the advertising of prescription drug prices or even posting them in a store. And when consumers do not compare prices, prices tend not to be competitive. One New York study found that the price of a given quantity of one drug ranged from $0.79 to $7.45. Another sold from $1.25 to $11.50 for a prescription.

One drug store chain, Osco Drug, Inc., a member of Jewel Companies, is breaking the traditional secrecy surrounding prescription drug pricing. Just last month the company announced that it would post its prices for the 100 most frequently filled prescriptions. The prices are prominently displayed in Osco stores and consumers may ask for the prices of unposted drugs.

Osco Drug may face a court challenge, but the principles of its policy have the backing of the Department of Justice and the Department of Health, Education, and Welfare. The Department of Justice wrote Osco that the agency feels that many, if not most, restrictions on the adverising of prescripion drugs are unjustified on any grounds. As a result of the lack of price information, the Department said, many consumers are forced to make needlessly high expenditures for drugs. Further, the Justice Department has also served civil investigative demands on the American Pharmaceutical Association and the Michigan State Pharmaceutical Association as part of an investigation as to whether those associations may be parties to an agreement to suppress price competition in the retail medicine market.

The States can take the initiative not only in this area but in many others. The enforcement of laws against fraud and deception, the initiative of new laws to cope with new schemes, and the removal of laws which tend to limit competition are just a few measures states can take to help the elderly.

In Wisconsin, a pilot project for statewide information and a referral program for senior citizens has just been started. In Nassau County, New York, the consumer office has contacted senior citizen groups to establish liaison and deal with particular needs. In Montgomery County, the Maryland Commission on Aging has issued ID cards to persons over 65 which entitle the bearer to certain discounts in business establishments.

I believe business can do more than it is. *Forbes Magazine* has wondered out loud why business is generally ignoring what amounts to a $40 billion market. I wonder, too. Why can't clothing manufacturers design special clothes for the elderly? It is easy for a young woman to unzip her dress in the back, but it is agony for an 80-year old woman whose hands are crippled by arthritis.

In short, to solve the manifold problems of the elderly, manifold efforts need to be undertaken. Combined action by the public, business, local, State, and Federal governments is needed if we are to succeed in giving our elderly what they have earned—that their last years be years of hope instead of years of agony.

There are now more problems than there are solutions.

This Conference can provide us with the insight, the recommendations, the solutions. Those of us who have the honor of serving in this Administration are here to listen to you and to take appropriate action. We want others to listen, too. Everyone in this country should listen.

This Conference must awaken America, it must show America these problems. It must let America know that it can't look away. It must let America know that when we act for the elderly, we act for ourselves, that the elderly are our faces in the mirror.

Thank you.

December 1

The Honorable William J. Randall

Chairman, Special Studies Subcommittee, House Committee on Government Operations

The twentieth century has been an age of magnificent change. In the fields of science, technocracy and social consciousness greater progress has been made in the past 70 years than in all the years since the birth of our country. Who would have believed at the dawn of this century back in 1900 that within a few years women would not only be given the right to vote, but many would also hold high public office. Who would have believed that in the same time required in 1900 to travel from New York to Washington we would, by 1971, be able to span the continent or even cross the Atlantic Ocean.

Yet, what a shame it is—and I say it is a national shame—that in this age of change we have come to the last quarter of this most progressive century before starting to take positive action on the serious problems that confront one-tenth of the people in our country—our aging Americans.

We should not forget that those people who comprise our elderly population today helped to pay for two great wars and, yes, two so-called lesser ones. Some of that generation are not with us today because they gave their lives on the battlefields. The sons of many of our older citizens also died in the cause of our country's freedom. The senior citizens of 1971 endured the greatest economic depression in the history of our Nation; they helped buy trips to the moon for our astronauts. These people have spent their lives in helping to respond to the problems of our Nation. But until now the Nation's response to *their* problems has been to *talk* only about "national policy."

Now the time has come to implement that policy with action. And I believe that is what this White House Conference is all about.

It may be well, before proceeding further in my remarks, to tell you a little about the Special Studies Subcommittee, of which I am Chairman. We are a subcommittee of the House Committee on Government Operations. The

Government Operations Committee, under the very able Chairmanship of Congressman Chet Holifield of California, has oversight responsibilities with respect to the economy and efficiency of operations of *every* Department and *every* Agency of the Federal Government. The Government Operations Committee also has jurisdiction over any reorganization within the Government. So, if a new department or agency were to be created in the Federal structure, including any special office or department to deal with the problem of the aging, it is most likely that the Government Operations Committee would handle the reorganization legislation.

Early in the 92nd Congress I enthusiastically co-sponsored legislation to create a Select Committee in the House of Representatives to study problems of the aging. But there are already 176 Committees and Subcommittees, repeating *176*, on the House side of the Capitol. The space situation is so critical that we now have legislative subcommittees housed in storage rooms, in the basement garage, and, in at least one case, a Committee has no office at all.

I doubt if there is a Member of either House of Congress who is not sensitive to the plight of our senior citizens; I doubt if there is a vote in either House against creating a Special Committee to consider this plight, *if* there were no other way to focus upon it. The House leadership, certainly, is aware of the need for action at the earliest possible time. That is why, instead of waiting perhaps years, one, two, three or more years, until more space becomes available, the House Leadership asked the Special Studies Subcommittee to function as a Committee on the aged. It seemed like a practical or logical solution, particularly for this year. We already had a staff and office facilities and assigned hearing rooms. And, I hope you recall that I mentioned a moment ago that the Government Operations Committee, parent group of the Special Studies Subcommittee, has oversight jurisdiction in the case of all federal government departments and agencies. That, of course, includes the dozen or so offices charged with administering different programs for the aged, and including those which might or could become responsible for any new programs that will be proposed and enacted.

Since September 15, the Special Studies Subcommittee has held 20 days of hearings on problems of the aging. Seventeen of these hearings were in Washington; two in Chicago, and one was in Baltimore.

Our staff has isolated nearly 50 separate problem areas of special application to the aged. These closely parallel the enumerations which you have made under the 14 sections of study associated with this White House Conference on Aging. Our hearings have already touched upon several of these. Before we finish our study and file our legislative recommendations sometime next year, we will have had expert testimony on every one of these subjects. The Subcommittee and its staff will have inspected as many of the various kinds of facilities across the United States as we need to see in order to have a comprehensive view of all the problems confronting the aged. Before the end of 1972 we will have researched every major authoritative work on various aspects of being old and growing old. I think you may agree this is a major project. I can report it is being undertaken by a group of hardworking committee colleagues who have shown they are willing to find and give as much time to the task as it may require.

As our hearings on problems of the aging progress, I realize more and more that determining how to meet the needs of our senior citizens is a greater challenge to the subcommittee than simply learning what those needs are. The White House Conference on the Aging which was held ten years ago, in 1961, clearly identified the needs. I, along with three other members of the Special Studies Subcommittee, was in Congress when that Conference was held. We were aware of the recommendations that came out of the 1961 Conference. The importance and correctness of those recommendations have been more indelibly impresssd upon each of us with the passing of time. We supported passage of the Older Americans Act, the creation of the Administration on Aging, and the Medicare-Medicaid legislation which had their genesis—at least in part—in the 1961 White House Conference. Each of us have voted for adequate funding for activities under those acts.

But *more* needs to be done. *Much more.*

In many cases—indeed, in most cases—the States and local communities have moved more quickly and more positively than has the Federal government, to answer the pleas of the aged for special consideration of their *special* needs. But I feel it necessary to digress for just a moment to call attention to one glaring failure on the parts of the states and local governments. I refer, of course, to the matter of safety standards and inspection practices as they apply to nursing homes and other facilities for caring for the disabled and homeless aged.

I completely disassociate myself from those who seem willing to issue a blanket indictment against all nursing homes as an evil institution.

The members and the staff of the subcommittee have inspected many nursing homes. We have seen some very good ones. True, and unfortunately, we have also seen some bad ones. I dislike saying it, but in most, if not all the cases of substandard conditions and deficiencies of service we have observed, studied or investigated, blame was traceable to varying degrees of inadequacies on the parts of local units of government in their setting of standards and supervisory practices. In many cases we have observed diverse and divergent regulations on the parts of city, county and State governing bodies within the same general area. Where Federal funds are involved, as in Medicare patients, or in constructin loans, then Federal standards and requirements may encourage more orderly regulation at the local level. But many nursing homes and other health care facilities for the aged are not recipients of Federal funds and are, therefore, outside the reach of Federal regulatory bodies.

This was the case with the Pennsylvania nursing home in which the most recent tragic fire occurred. This home was in fastidious conformity with all State and local regulations respecting construction, fire prevention requirements and number of attendants on duty per patient. Yet, 15 elderly lives were lost in a few tragic minutes because in all respects these regulations were not sufficient to keep a wooden building with no fire or smoke warning devices, or sprinkler systems, from quickly going up in flames.

But let us talk about the positive.

The most frequent recommendation by witnesses before the Special Studies Subcommittee has been that better protection be afforded retired persons' incomes. This protection could take many forms, *one* of which is the opportunity to earn additional money within the limits prescribed for recipients of social security benefits. A variety of self-help programs have been devised by voluntary groups in some communities through which elderly persons are afforded the opportunity to render needed, worthwhile services on a part-time basis. We need more of these programs. But two things are needed from the Federal Government. One, there must be a more realistic limit placed upon outside earnings before reductions are made in social security payments. I have long recognized this need and have introduced legislation to raise these limits. Modest increases were made in the Social Security Amendments which passed the House in 1970, but failed to become law, and again in H.R. 1, which passed the House last May. I am hopeful the other legislative body on the north side of the Capitol will act on this bill in timely fashion during *this* session of Congress.

Another thing the Congress can do now is to provide more liberal funding of the Older Americans Act to permit an expansion of existing activities, such as Green Thumb and Foster Grandparents programs.

Another income protection device that has been extended to the elderly by State and local governments has been in different kinds of concessions made on real estate and other taxes due at those levels. I strongly believe those efforts should be matched by the Federal Government in the form of more realistic tax treatment of the incomes of the elderly.

Health care is second in frequency of requests our subcommittee hears as necessary to meet the needs of the elderly. Here again, there ar many avenues of relief. My limited time will permit identification of only the most recent case of local effort I have observed along this line. In a visit to MacNeal Memorial Hospital in a Chicago suburb last week the Administrator told us what they are doing. This hospital is freeing beds for other patients needing geriatric care by early releases of those patients who have homes and can live in them if only they can have a minimum amount of care. That hospital is preparing meals for patients released under this plan. Meals are delivered to patients by church and other volunteer groups, which also provide certain home-making services.

This one plan operated by a single hospital is of course just a little thing, or a small beginning. But, when and if multiplied by the community and individual efforts in hundreds of cities in all of our Stores, then thousands of aged persons with limited abilities to care for themselves would be enabled to stay in their own homes where I believe they prefer to be. And for each of these individuals freed from hospital or other institutional care, space is made available for someone else who is even less able to care for himself.

Of course, we need better institutions for the care of the elderly. But I am satisfied that the populations of these institutions could be reduced by 12 percent to 15 percent or more if voluntary programs of home care could be expanded to meet the food requirements, minor therapeutic and medicinal needs of some of our older citizens.

My final point to be made in this brief summary of our subcommittee's study of problems of the aging to date, really encompasses a vital element that threads its way through all the categories of needs felt by the elderly: human dignity. The dignity of remaining a *useful* member of the community even though the calendar may indicate the age of usefulness is past. The dignity of collecting for the services the elderly have already paid for by a lifetime of contributions to their national and local communities without having these collections branded as "welfare," as seems to be the tendency by lumping together or making into one package badly needed and long overdue social security reforms with measures heavily directed to, and called, "welfare reform." The dignity of being able to board a public transportation conveyance without the athletic exertion that can be expected of the much younger generation for whom these buses, trains and planes seem to have been designed. The dignity of being able to apply for and get employment—or to be able to keep a job on the basis of ability to perform, rather than being rejected solely and only on the basis of the date of birth. The dignity of having all these needs and the special health, dietary and other personal and spiritual requirements met, without enduring the impatience and intolerance of those who cannot or prefer not to understand that all of these are the needs of those citizens who have supported this nation for three score or more years.

I realize that in the time allotted to me today it was possible to discuss only the broadest generalities. The two major points which I *tried* to make—I will attempt to summarize as follows:

1. State Agencies and voluntary groups at the local level have done and are doing a commendable job in delivering to the aged the benefits intended by the various laws Congress has passed for making the golden years more pleasant and more secure. These financially hard-pressed state and local governments, when taken in relation to their ability to perform, are doing a better job than the Federal Government in providing benefits for their elderly citizens.

2. The pipelines through which Federal programs are delivered to the states must be cleared of the obstructions created by ambiguity and unnecessary complexities. To avoid red tape or to cut through it, there should be a high-level office for the aging—*not* in HEW or HUD or DOT or elsewhere—but in the Executive Office of the President.

Perhaps a third point should be made, and this one is directed toward my own branch of government, the United States Congress. The programs that have already been authorized for the elderly, the ones now on the books, should be backed by sufficient appropriations to make their benefits more universally available. I believe it is better to make self-help opportunities more generally available to all classes of needy citizens, and especially the elderly needy, than it is to provide alternative methods of caring for those who cannot care for themselves.

In meeting the needs stressed in this third point, Members of Congress themselves may have to relax some of their long and tightly held jealousies of prerogatives. Whether there is ever established a special or select committee in the House of Representatives to deal with problems of the aging or not, there will remain some stumbling blocks both in the House as well as in the Senate. In my judgment, it would be a parliamentary impossibility, touched by Constitutional overtones, to create a legislative committee on problems of the aging. Therefore, recommendations for legislation coming from any select or special committee studying problems of the aging would have to be considered by the legislative committee having jurisdiction over the specific recommendation. On the Senate side this jurisdictional authority is spread among 13 of the 17 standing committees. On the House side, 14 of the 21 standing committees have jurisdiction to consider various proposals to benefit the aging.

It is my devout hope that when recommendations are made in the House or the Senate by any committee working and dedicated to ease the process of growing old or being old, the appropriate jurisdictional committees will receive and consider these recommendations without prejudice and without regard to the fact that they originated in another committee.

Changing America's attitude toward our aged citizens and meeting the needs of these very special people require a partnership that includes the good will and the sincere efforts of every branch of this government and the cooperation of State, Local and voluntary groups. With such a team, we can meet the challenge to overcome all the past years of neglect of our aged. We can no longer afford to waste the valuable contributions older Americans can continue to make to our society. Existing programs must be funded and new programs created under which future generations of our elderly citizens will be treated with compassion and appreciation.

The Honorable Ogden R. Reid
Member, House Committee on Government Operations[1]

Senior citizens is the only group of Americans in which poverty is still growing rapidly. What is needed is a comprehensive and coherent national committment to the Nation's elderly matched by adequate funds.

Our Nation's elderly have been caught in an intolerable squeeze between fixed income and rapid inflation.

Older Americans have one-half the income of those under 65 and must pay twice as much for health care. One-quarter of our citizens over 65 live below the poverty line, and over six million of them live in substandard living quarters. We have done little to ease their burden.

The Administration must address itself to the basic needs of the elderly—income maintenance, health services, housing, and geriatric research.

A first priority should be the removal of any income limit on those receiving Social Security benefits. Currently, a single person earning over $1680 annually loses half of his Social Security benefits if his earnings do not exceed $2000 and all of his benefits if his earnings exceed $2880.

We are not meeting the growing needs of the elderly in housing. The 69,000 housing units being built annually are not nearly enough. It is high time we provided adequate housing for all senior citizens.

The substandard conditions in many nursing homes is an area of major concern. There are over 23,000 nursing homes in the United States with over 900,000 people living in them. Many of the homes are firetraps, provide inadequate medical services and substandard care. We must allocate funds to rehabilitate existing nursing homes, construct new ones, and develop area-wide programs for senior citizens.

Let's talk about a national committment that means a life of dignity, not a life of mere starvation, for our elderly.

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[1] Full text of Congressman Reid's address is not available. Excerpts of the major points are presented herewith.

Luncheon Program for Sections on

RETIREMENT ROLES and ACTIVITIES

SPIRITUAL WELL-BEING

RESEARCH and DEMONSTRATION

Statler Hilton Hotel

Monday, November 29

Presiding: Dr. Paul Dudley White
Invocation: Rabbi Stanley S. Rabinowitz
Speakers: House Ways and Means Committees
The Honorable Jackson E. Betts
The Honorable Al Ulman

Tuesday, November 30

Presiding: Mrs. Francis Fairbanks
Invocation: Bishop Raymond J. Gallagher
Speakers: The Honorable John Erlichman, Assistant to the President for Domestic Affairs
The Honorable Leonard Garment, Special Consultant to the President

Wednesday, December 1

Presiding: Mrs. Elizabeth Lincoln
Invocation: The Reverend A. L. Carter
Speakers: House Committee on Education and Labor
The Honorable Carl D. Perkins
The Honorable Albert H. Quie

LUNCHEON ADDRESSES

Before the Retirement Roles and Activities, Spiritual Well-Being and Research and Demonstration Sections

November 29

The Honorable Jackson E. Betts
Member, House Ways and Means Committee

I am delighted to be here to talk with you today about some legislative action—both taken and contemplated—which has particular import for Senior Americans.

We hear a great deal these days about young Americans—and rightly so! It is true that their numbers are vast and the role they play in our national way of life is vital indeed. Recent Census Bureau figures, for example, show that young people aged 18 to 21 total some 11 million, or about 5½ per cent of the population.

But I am a member of a Congressional Committee which is concerned as much, if not more, with the role of another substantial minority group, in which all of us here today have more than a passing interest.

Census statistics also show that Americans aged 65 and older number in excess of 20 million, or some 10 percent of the total population. And it is universally conceded, I believe, that the contribution which senior Americans make to our national life is so great as to be virtually inestimable.

The Ways and Means Committee has, as you know, jurisdiction over broad areas of legislation directly affecting this 65 and older population group.

Social Security is just one of those legislative areas, but it is an extremely large one. About 20 million persons now receive checks each month under this 36-year-old program. Not all of them are 65 or older, but most of them, 13.7 million are retirees; 2.7 million are dependent wives or husbands, 550,000 are dependent children; and 3.3 million are widows or widowers of retired workers.

I might add that although benefits under this program certainly are not as high as the recipients would like for them to be, they nevertheless have been increased substantially during the years—by 147 percent over the past two decades and, more recently, by 25 percent within the past two years. And further increases are in prospect, as I will discuss shortly.

But I would like to concentrate briefly now on just two pieces of legislation under the jurisdiction of our Committee. Both were stimulated by Administration proposals and inspired by President Nixon's messages to Congress. And each is of immense importance not only to those who already have attained senior status, but to all those who will become senior Americans—as far into the future as it is possible to foresee or even imagine today.

One of these is H.R. 1, the Social Security Amendments of 1971, which was approved by the Ways and Means Committee in May, and passed by the House in June. It has been pending before the Senate Finance Committee since then.

The other piece of legislation has not yet been developed. It is national health insurance, which will have an obvious and direct effect on the lives of all Americans, junior as well as senior. But before speculating on this bill of the future, let me discuss the one which is present, real, and very much alive, despite the fact it has not been kicking lately.

Dormant though H.R. 1 may be at the moment, I firmly believe that its Social Security provisions at least eventually will be enacted. This legislation is simply too strong to keep down forever.

I doubt very seriously that there has been *any* legislation—since the original Social Security Act itself—which included more important improvements in the laws affecting senior Americans.

These provisions are so broad in scope and so broadly significant that it is difficult to select any of them as more worthy of emphasis than the rest.

I do, however, think that five of these provisions perhaps have not been given the public attention which they merit. So I will take this opportunity to put the spotlight on them.

I am sure you are all familiar with the five percent across-the-board increase in cash benefits. This is assuredly an important provision. But far more important in the long run, I believe, is the provision for automatically increasing social security benefits following increases in the cost of living.

Under this provision, after the Consumer Price Index had increased by at least three percent, commensurate increases in benefits automatically would be triggered, provided that legislation to increase benefits had not been enacted or taken effect in the preceding year.

This provision not only would serve to take benefit increases out of the political arena, it would assure beneficiaries that they no longer would have to bear the brunt of inflation, as they have had to do so often in the past.

I strongly feel that this one provision, which the President personally put forward, could have a more beneficial effect on the lives of social security retirees than any now contemplated.

The other four provisions which warrant special emphasis are these.

One is a special minimum benefit for those who have worked for years under Social Security, but at such low covered wages that the benefit payment is relatively slight. This special benefit would be equal to $5 multiplied by the number of years of coverage between 15 and 30. About 300,000 persons would get increased benefits, totaling $30 million under this provision in the first full year.

Second is an increase in benefits for widows and widowers, assuring them of receiving at least 100 percent of the amounts their insured spouses would have received had they lived to apply. Under present law, a widow applying for benefits at age 65 or older gets a maximum of only 82½ percent of her deceased husband's primary amount. About 3.4 million widows and widowers would receive a total of $764 million in additional benefits the first year under this provision.

Third is an increase in benefits for those who are covered by Social Security but delay their retirement. Under present law, people who need or want to continue working are penalized, in a sense, because they continue paying Social Security taxes, but do not draw benefits immediately upon entitlement. This provision would increase benefits one percent per year of delayed retirement, affecting about 400,000 persons who would receive $11 million in first-year additional benefits.

Fourth is a liberalization of the retirement test. This, too, would be of particular help to those who continue working past 65. As some of you probably know only too well, present law permits a beneficiary to earn a maximum of $1,680 per year without having benefits reduced. H.R. 1 would increase this exempt amount to $2,000, and would liberalize benefit reductions above that sum.

In addition to these purely Social Security provisons, there are other elements of H.R. 1 which I believe deserve special mention now. One would enable all those senior Americans who—for one reason or another—have not been able to enroll in Medicare—Part A, to do so simply by signing up and agreeing to pay the basic cost of protection. Another would provide, under the Old Age Assistance program, a basic monthly income of $150 for each eligible single person and $200 for each eligible couple by 1975. A third would update and substantially liberalize the so-called retirement income credit, boosting it from a maximum of $229 to $375—a gain of $146 or 68 percent.

These are, as I indicated at the outset, only a few of the farreaching improvements called for in H.R. 1, and I am sure you join with me in a fervent hope that they soon will resume their progress toward enactment into law.

Now to national health insurance, on which the Committee just ten days ago completed four-and-a-half weeks of public hearings.

This legislation, of course, can only be guessed at now. There are 12 major proposals before the Committee, ranging all the way from a plan to replace our present, pluralistic system with a monolithic and mandatory program paid for by Federal taxpayers, to a plan to cover catastrophic illness only.

President Nixon, in his Health Message to the Congress earlier in the year, declared: "We must try to see to it that our approach to health problems is a balanced approach." I certainly agree with that, and I believe the Administration's health insurance plan follows his guideline very well indeed. It is right down the middle of the range of pending proposals.

Called the National Health Partnership Act, it would require employers to provide protection for employees and their families and it would establish a Federally financed program of protection for the poor families whose breadwinner is unemployed.

I favor the thrust of this approach, and I hope the Committee will use it as the foundation on which to build its own legislation.

Whatever kind of bill is created, of two things I am virtually certain: It will provide adequately for the poor, and it will be a long time in the making.

As H. L. Mencken once said: "For every human problem there is a solution which is simple, neat and wrong." And we obviously do not want to reach a wrong conclusion here.

The Committee will not begin actual preparation of a bill until next year. House action *could* come some time in 1972, but in trying to anticipate the further course of such legislation through the Congress, it must be borne in mind that once a bill has cleared the House, it still must face the Senate. And judging by past performances on House-passed bills, such as H.R. 1, I would have to say that a crystal ball would be as reliable a source as any to use in guessing the fate of national health insurance after it leaves the House.

Despite what may appear to be a rather gloomy timetable, I can give you a rosier outlook on probable content of the eventual bill. As far as coverage of senior Americans is concerned, I think it is safe to assume that this is unlikely to be cut back and is more likely to be expanded. Existing programs such as Medicare and Medicaid will be reviewed thoroughly, and are likely to be either replaced by more effective programs or substantially strengthened.

Spokesmen for various organizations representing senior Americans appeared before the Committee during the hearings, and articulated forcefully the provisions which their members felt should be included in whatever legislation is developed. I can assure you that the Committee was very attentive to these presentations and will remember them when the actual mark-up of the bill takes place.

One of the witnesses during the hearings, who impressed the entire Committee very favorably, was speaking in behalf of strong preventive health provisions, which I am confident the bill will include.

A good preventive health program, he said, should be designed to "help make man die young —but as late as possible."

And that is one of the things we are certainly going to try to do with national health insurance.

***Note**: The speeches of The Honorable Al Ulman, Member, House Ways and Means Committee, delivered on November 29; The Honorable John Ehrlichman, Assistant to the President for Domestic Affairs, and The Honorable Leonard Garment, Special Consultant to the President, delivered November 30, are not available.*

December 1

The Honorable Carl D. Perkins
Member, House Committee on Education and Labor

Mrs. Lincoln, distinguished guests and friends. It is a great pleasure to be with you at this most important and timely Conference. As you know, the bill calling for the 1971 White House Conference on the Aging originated in the Committee on Education and Labor and thus, I had the privilege of being associated with it as it travelled through the legislative process.

Your invitation to be here today has special significance for me as a result. But more than that, you have provided me with an opoprtunity to meet with and discuss the problem of a group of Americans for whom I have the deepest feeling. Much of my legislative career has been directed to the very problems and issues before this Conference—those related to the elderly. Let us initially examine our roles.

If it would serve any useful purpose, I think I would ask the Library of Congress to give me a catalog of all of the reports and recommendations filed by White House Conferences in the more than two decades since I first came to Congress.

I can recall conferences that have described in brilliant detail some of the most pressing needs of American society in the Twentieth Century. And I can recall recommendations which pointed the way toward a national effort to meet those needs.

Unfortunately, I am being only half facetious when I tell you that one of our greatest resources is a warehouse full of unacted upon recommendations.

Now, I sincerely hope that the recommendations of the White House Conference on Aging 1971 will not join all of those other fine blueprints to a better life in some Executive Department file, or on some library shelf.

But you must be alert to that danger.

A long time ago, some wise person said "All that is necessary for the triumph of evil is for good men to do nothing."

To paraphrase that distilled truth, all that is necessary for the report of the White House Conference on Aging 1971 to wind up on the shelf is for you to submit it, and then go home and forget it.

If you were not aware of it before you came to Washington this week, you must now be convinced of the overwhelming importance of your mission.

The needs of the aging in this country are acute, and they cannot much longer be relegated to the low-priority rank to which they are presently assigned by the Federal Government and by the various states.

Now, we all know that those needs are important, and we really do intend to do something about them.

We will do that just as soon as:

1. All our national defense needs are met;
2. All our space goals are accomplished;
3. All our educational problems are overcome;
4. All our international commitments are eased somewhat;
5. Inflation is brought under control;
6. Our environmental needs are met; and
7. Our cities are made safe.

No doubt there are other pressing needs that will make themselves known as we go along.

The point I am trying to make in this recital of our priorities is that, no matter how well-meaning or how noble our intentions, the problems of the aging are not going to be tackled in any massive, meaningful way unless the country rises up on its hind legs and demands it.

You who are participating in this White House Conference will have to go home as missionaries, and make sure that the voice of the people is heard above the hoopla raised by more vocal but less worthy interests.

And this will be no easy task. For to some observers we are farther away from a meaningful national policy and commitment to the elderly than ever before.

During my years in Congress the rhetoric on the national scene concerning the elderly has far too often outdistanced the action.

Let me share with you some examples.

One of the brighter spots in our endeavor to provide adequate services and opportunities for older people was the bipartisan effort in 1965 which resulted in the establishment of the Administration on Aging.

The Congress intended that the new agency would provide our older population with meaningful representation in the upper echelons of the Federal Government. The Administration on Aging was to be an agency which could devote full attention to the development of solutions for many social and economic problems facing the elderly. It was intended to be the focal point for the older persons of this Nation within the Federal Government.

This was the rhetoric that we heard in 1965—many promises which never have been fulfilled. Time after time, and in a variety of ways, this Congressional intent has been thwarted.

Programs authorized by the 1965 Act as amended and administered by the Administration on Aging have never been funded at a realistic level. Consider the following. The original Fiscal Year 1972 budget submission called for reduced funding of programs such as the Foster Grandparents Program, the grant program for state and community projects for the elderly, and research and training of personnel concerned with the aging.

When these curtailments were announced, the Committee on Education and Labor convened a hearing and subsequently, through pressures from both sides of the aisle of our Committee, the original budget submission was amended so as to bring these programs up to the Fiscal Year 1971 level.

Nevertheless, for Fiscal Year 1972, $25,000,000 is authorized for the Foster Grandparents program but only one-half—$12,700,000—will be available. To obtain this much the Congress had to add $2,200,000 to the President's budget request.

Consider also that $15,000,000 is authorized for the Retired Senior Volunteer Program, but only $5,000,000 will be available. $30,000,000 is authorized for grants for state and community programs on aging—less than one-half, only $12,000,000, will be available—and this is $3,000,000 over what the President requested.

In total, $85,000,000 is authorized in Fiscal Year 1972 for the Older Americans Act. Only $38,700,000—or 45 percent of what is authorized—will be available for programs carried on under the Act. To give this added perspective, I might mention that the amount we spent for one aircraft carrier (above one billion dollars) would fully fund the Older Americans Act at its present level for the next ten years. Our financial outlay for one destroyer would enable us to fund fully the community programs on aging for three years. Moreover, this could provide an estimated 2,500 additional projects to meet the special needs of the elderly.

Largely because of the totally inadequate funding of many of the programs I have just mentioned, the Foster Grandparents Program stands out as the most successful and beneficial program administered by the Administration on Aging. Yet, this agency, which was intended to be the focal point in government for older persons, has had the Foster Grandparents Program taken from its responsibility. That action to deprive the Agency of its most successful program will in my judgment further hamper and impede the development of the Agency into the high level agency of power and responsibility which was intended by the Congress.

As if this were not enough, the Administration on Aging has been deprived of another most successful program—the Retired Senior Volunteer Program. This program, along with the Foster Grandparents Program, is now placed in a new agency which is not chiefly concerned with the problems of the elderly—an action which constitutes yet another step from the elderly, their needs and problems—in search of an objective which in my judgment is of much lesser priority. Members of the Committee on Education and Labor made a strong effort to stop these transfers but unfortunately, we were not in the majority.

But consider also that the research function of the Administration on Aging has been transferred away and into the Social and Rehabilitation Service.

Perhaps you now understand why there are some who say we are farther away from a national commitment to the elderly than ever before.

Let me cite other recent matters which are of equal concern.

During House debate on legislation to amend and extend the Economic Opportunity Act, I supported an amendment designed, according to its sponsor, "to remedy a problem that has become endemic in this country in connection with the poverty program, the failure to adequately serve our senior citizens."

The amendment would have added $50 million of additional funding authority for poverty programs designed for elderly people. The bill on the floor—authorizing two billion dollars annually—provided a meager $12,000,000 annually for programs focusing exclusively on the elderly.

I have always felt the elderly were shortchanged in the War on Poverty. Listening to the debate that afternoon reinforced my feelings. It was brought out that out of appropriations of approximately $2 billion dollars last year, only $6,000,000 was spent on programs exclusively for the elderly poor.

Yet, the elderly poor comprise 20 percent of our poverty population. They should, in all fairness, receive something like a four or five hundred million dollar appropriation.

I regret to inform you the amendment was defeated.

Not all is as bleak as I have suggested. The bill I have just mentioned, the Economic Opportunity Act extension, carried with it an amendment which I sponsored that will in my judgment have a great and beneficial impact for the elderly and isolated in rural America.

Those friends of mine here today from rural America know the condition in the shortage of decent housing available to low-income families in rural areas is one of the most critical matters facing the country. It is also one of the most neglected, because the homes of the rural poor are too often isolated up in the mountain hollows, or screened by the woods or the mesquite, and far away from the affluent corridors served by the interstates and the expressways. Public housing is not the answer to this particular problem, because these people are country folk. They like the elbow room afforded by their remote residence. To them the concept of wall-to-wall or gable-to-gable urban living is both alien and intolerable.

There is genuine need for new housing, and for the rehabilitation or repair of old.

We do not intend that this will be a major new housing program. The modest $10,000,000 suggested for it is the best guarantee of that. This is a modest rural program aimed at a special housing problem in which existing housing legislation simply has not proved effective. It is confined to the rural areas and limited to rural housing development. We felt it should have special identity.

There are other aspects of this legislation which are also, as you know, of significant benefit to elderly Americans. The bill provides for the extension of Operation Mainstream—of the Greenthumb projects—and of community action programs, many of which but certainly not enough, provide help to the elderly.

Tomorrow on the floor of the House of Representatives we will debate the final version of this legislation. At stake will be the continuation of so many of the programs which have meant so much to our elderly. At stake will be the establishment of the new housing program for the rural poor and the new Comprehensive Child Development Program.

One of the more valuable benefits of White House Conferences such as this is that participants have an opportunity to bring grass roots reactions to our elected officials. As we near this very crucial vote on the Economic Opportunity Act Amendments, I know that my colleagues have benefitted, as I have benefitted, from the insights you have shared and will share with them this week.

As we look farther ahead, I am quite optimistic. In the immediate future, the Committee on Education and Labor will be considering legislation of tremendous importance to the elderly. I would like to mention very briefly some of the programs and issues the Committee will turn to during the Second Session of the 92nd Congress.

As you all know, the Older Americans Act expires on June 30, 1972, less than seven months from now. Already one of our Subcommittees, chaired by my able and distinguished colleague from Indiana, John Brademas, has begun oversight and exploratory hearings.

At this time we have pending before the Committee legislation which I believe will make significant additions to the Administration on Aging. I have joined with my colleague from Florida, Congressman Claude Pepper, in the sponsorship of a bill to establish a nutritional program for the elderly. This legislation is in line with recommendations from the White House Conference on Food, Nutrition and Health held in 1969 and of the President's Task Force on Aging in April of 1970. It is an important and necessary proposal, but I caution you that already opposition has been voiced to its enactment.

We have legislation directed at a major problem which afflicts many middle-aged and elderly persons—the lack of employment opportunities. There is pending before the Committee the proposed "Older Americans Community Service Employment Act," which would help assure a chance for useful and constructive jobs. But I caution you again that already opposition has been voiced to this proposal also.

It is my hope that as we continue with our scheduled hearings, we will develop—and I am confident that we will with your help—a comprehensive piece of legislation which will include provisions attacking the frequently mentioned transportation problems facing the elderly, assuring adequate nutrition for aged citizens and developing new systems of food delivery, bettering housing conditions for the elderly, and provisions designed to guarantee that the Administration on Aging becomes what the Congress has clearly intended; that is, an office of power and responsibility within the Federal system.

We have also begun hearings on comprehensive manpower legislation. There are two major versions of this legislation which are being considered. In an effort to consolidate similar type programs both bills call for the abolishment of the categorical approach to manpower programs found in present law. One of the bills goes so far as to consolidate all separately identified categorical manpower programs, whereas the other—sponsored by the distinguished Chairman of one of our Labor Subcommittees, Dominick Daniels of New Jersey—would consolidate certain categorical programs, but preserve others. The underlying philosophy of this approach is that there are certain areas of need which are of such great importance and so much in the Federal interest that their separate identity must be preserved. I support this latter approach and I am pleased to advise you that in this bill the interest of the elderly would not be merged with all other interests, but would stand apart as a special Federal interest and concern which is accorded special and separate funding.

At the end of the current fiscal year, programs authorized by the Vocational Rehabilitation Act will expire. Here, too, we will have extension and revision legislation of an Act and programs which have made substantial contributions to many of the problems being discussed in this White House Conference. We will conduct a comprehensive evaluation of existing law in an effort to strengthen and expand existing programs and to identify still unmet needs.

During our work and deliberations, some of the issues may receive national attention and some will not. You must be aware of both. An example—the Committee will have to make a decision on whether we will merge the interests of the elderly in our comprehensive manpower program or whether we will provide for a separate authorization. Your guidance and recommendations will be weighed very carefully not only in this debate, but also in the many other debates which will undoubtedly occur during the next twelve months on legislation directly affecting the elderly.

I am confident that with your continued interest, support and cooperation, we will be able to seize upon these opportunities and to take significant steps toward creating at the Federal level a genuine awareness and commitment both to programs and to money in the field of the aging.

The Honorable Albert H. Quie
Member, House Committee on Education and Labor

Thank you for your kind invitation to appear here with Chairman Perkins. There are, as you have been informed, numerous bills before Congress dealing with the problems and opportunities of older Americans. A number of them will be considered by our Committee on Education and Labor. Although the jurisdiction of our Committee is somewhat limited in the many fields of interest to this White House Conference, we are proud to have originated the Older Americans Act of 1965 which created the Administration on Aging, and the 1968 legislation which established this White House Conference on Aging.

This legislation was enacted on a completely bipartisan basis, and that is the only proper approach to the problems of the aging. An American statesman of those difficult days just preceding World War II remarked that "politics should stop at the water's edge where foreign policy begins". I think that politics should stop in the consideration of how government may best serve the aging, because it is an issue that concerns all of us. I think it was Mark Twain who remarked that he hated to think about growing old, but that there was only one alternative and he didn't want to think about that at all! So every citizen, in a very personal way, is involved in the process of aging. One of the tasks of this Conference is to help make every citizen more aware of that personal involvement, so that it can be translated into informed concern which leads to effective action.

We do urgently need a better informed public because many of the problems of elderly persons are increasing at the same time their numbers in our society are growing, both in terms of aggregate numbers and percentage of the total population. Twenty million Americans are now 65 years of age or older. In the past decade this age group increased by 22.1 percent, or nearly double the increase (12.5 percent) of the total population. The population aged 75 and older grew even faster, an astonishing 37.1 percent in a single decade.

I know that many, perhaps all of you, have heard these statistics repeatedly, but it still amazes most people to learn that in the past hundred years, while our total population has increased five times, our middle-aged population is nine times larger and our older population has increased 17 times.

We must now meet the challenge of matching the progress in longevity brought about by medical and nutritional advances with progress toward achieving an acceptable standard in the quality of life for all of our older citizens.

This is a difficult challenge and in my judgment there are no easy ways to meet it. Government has an important, and even crucial role in this task, but we cannot expect to achieve our goals through governmental action alone. Somehow we must stimulate far greater private concern and action. Somehow we must make far more effective use of the "people to people" approach which is often so vital to the success of our efforts for older people, just as it is for the very young.

When we talk about the problems of older Americans we are not discussing needs which are foreign to other groups in the population. We are talking about income maintenance, adequate housing, adequate nutrition, safety in our homes and streets, education and social services, a decent standard of medical care, and so forth. The major difference is that all of these concerns tend to be far more acute for the older American. And too often other really critical differences are not well understood by the rest of us.

Consider for example a fundamental problem for millions of our elderly—loneliness and isolation from the rest of the community. This basic problem—which can be the most devastating of all in human terms and often makes worse such problems as inadequate nutrition or medical care—is compounded by the fact that America's elderly are not concentrated in model communities in warm climates. That is the fiction. The fact is, for example, that New York City with five percent of the Nation's total population has 12 percent of our elderly population. A larger percentage of the population of Massachusetts (11.4 percent) is aged 65 or older than of Arizona (8.3 percent). My own State of Minnesota, with 13 percent of its population in this age group, is right behind Florida with 13.3 percent. The Fact is that nearly two-thirds of America's elderly live in metropolitan areas and fully one-third live in the central cities.

Thus the problems of older persons are most often aggravated by the problems of our cities. Crime in the streets is not a political issue or an abstract concern for millions of our elderly—it is a daily and very real fear which in turn is a major cause of loneliness and isolation.

In New York City, Jules Sugarman, the director of the city's Human Resources Administration, told our subcommittee which handles the older Americans legislation, that there had been a recent upsurge of attacks on elderly persons by juveniles aged 10 to 15. He said that many evening programs for the elderly were closing down and that even programs during the day often require escort services.

I have singled out this particular concern, for which our Committee has some jurisdiction in terms of our responsibility for the Juvenile Delinquency Prevention and Control Act, to try to show the interrelation of some of these problems. Loneliness and isolation can be vastly increased by street crime. It can also be a product of poorly planned housing which takes into account neither the older person's need for physical safety nor the need to feel and be a part of the larger community. And social services which do not take into account either of these needs simply do not serve the elderly.

Some day, hopefully, we shall have solved the complex problem of street crime. But older people cannot wait for that day. Meanwhile, we must design our programs in housing, transportation, and social services in such a way that it is overcome or minimized.

Our task as legislators is to design legislation which, as well as legislation can, will promote genuinely effective programs for the elderly. This task is complicated by the limited jurisdiction of Congressional committees which deal with pieces of the problem—income maintenance in our committee, housing in another, transportation in still another, and nutrition and health split between several. The same difficulty is found in the Executive Branch where these matters are dealt with in different agencies. I personally doubt that either in the Congress or in the Executive Branch could we change all of these jurisdictional lines, but I do feel that we can cut through them.

That is why I think President Nixon is to be commended for establishing a cabinet-level Committee on Aging within the Domestic Council, which can and will provide high-level consideration of these issues and the coordination of Federal programs. The Committee is under the Chairmanship of the Secretary of Health, Education, and Welfare, Elliot Richardson. I know of no man in American public life who has a keener intellect or who has more desire to solve social problems than Secretary Richardson.

Within the Congressional Branch it may well be that we should take some similar step, such as a Joint Committee on Aging. Perhaps this Conference will come forward with helpful recommendations for us. I know that our Committee on Education and Labor has the immediate task of considering extension and possible modification of the Older Americans Act, and that we shall carefully consider the views expressed at this Conference concerning the status and programs of the Administration on Aging. Year by year the budget of that agency has been increased (from $23 million in fiscal 1969 to $38.9 million in fiscal 1972). Actually, the comparable 1972 figure is nearly $45 million, since almost $6 million for research and personnel training in the field of the aged is budgeted under the parent Social and Rehabilitation Service of HEW.

However, I think all of us need to consider ways in which we can further strengthen the Administration on Aging. I know that recent program transfers have raised some issues, but these were made for the purpose of strengthening the programs themselves and I think we should not prejudge the question of whether they harm the agency. The important point is that we must improve the overall effectiveness of government in helping the older American.

We have made significant progress in terms of total Federal outlays for programs affecting older Americans: from $25 billion in 1967 to $34.1 billion in 1969, to $46.1 billion in fiscal 1972. These sums, as you all will recognize, include outlays for Social Security and similar trust funds. The Federal expenditures for discretionary programs for the aged—that is, for those programs in which expenditures were not mandated—are more revealing. These rose from $457 million in 1967 to $687 million in 1969 to $1.2 billion in fiscal 1972. This is not a record of expenditures which suggests neglect. Yet in the final analysis, it is not how much money we spend but what happens to and for people that really matters. We should never allow ourselves the luxury of believing that if we have passed a law, appropriated the funds, and expended money for programs, we automatically have solved a problem.

One could discuss at length, as this Conference undoubtedly shall consider at length, the effect of this or that income policy for the elderly. I happen to believe that the President's welfare reform recommendations, as embodied in H.R. 1 together with suggested improvements in the Social Security program, represent a major step forward to assuring a more adequate income for the elderly poor. Certainly the success of efforts being made to control inflation and thus to stabilize the value of income is also a vital necessity if we are going to see any income policy work.

But I do not believe that sufficient income, while it may be the fundamental need of all older Americans, is the complete answer to all of their problems. I know that it is something of a cliché, but the great human need of every person—the need to be needed by others—is particularly acute for the elderly. This need can be fufilled for a foster grandparent on a very small income and totally unmet in the case of an older person of considerable wealth. We are misusing and losing a large part of one of our greatest human resources—the knowledge, experience, and judgment of older citizens. It is this resource that we need to find out how to really use to the mutual benefit of the older citizen and our society. I think we have barely begun to examine ways of doing this, and that we are doing far less than we should to implement ways we have shown to be successful.

In accomplishing this fundamental and increasingly urgent social goal—the constructive use of the capacities of our older citizens—we shall need a strong combination of governmental and private efforts. I pledge to do my best both as a Representative in the Congress and as a private citizen in helping to bring this about.

We are all looking to this Conference for guidance as to how best to carry out that sort of pledge.

The Closing General Session

December 2, 1971

The Conference closed with a General Session held in the International Ballroom of the Washington Hilton Hotel. The United States Marine Band, under the direction of Col. Albert F. Schoepper, provided music while the audience assembled and again when President and Mrs. Nixon joined the Conference.

Arthur S. Flemming called the Session to order and asked Bishop Raymond J. Gallagher to offer the Invocation. Following introductions, Mr. Flemming addressed the Delegates on the "Post-Conference Year." President Nixon closed the Conference with an address which also looked forward to a better world for the Nation's older citizens. Rabbi Abraham J. Feldman pronounced the Conference Benediction.

Copies of the *1971 White House Conference Recommendations—A Report to the Delegates from the Conference Sections and Special Concerns Sessions* were distributed to all participants at the close of the Session.

ADDRESS by
The Honorable Arthur S. Flemming

While we had the pleasure of greeting many of you at the reception last evening, you were very gracious in your comments relative to the manner in which the Conference has been conducted. Many persons have contributed to this result. When the first one of the longer reports of the Conference is issued, it will be accompanied by an introduction that will endeavor to identify both individuals and groups to whom all of us are deeply indebted.

Almost without exception last evening you said, "Now I hope we can get action." You know that I share that hope. Briefly, this morning, I want to identify some of the initial steps we will take.

At the outset, we will seek to obtain information relative to what actions individuals and groups of individuals are planning to take. Wide dissemination of actions that are being taken at the beginning of the Post-Conference Year will stimulate the development of new action programs early in the year. Once this information has been assembled, it will be possible for leaders in both the public and private sectors to identify gaps and then to try to do something about closing the gaps.

First, we would like to obtain information relative to the individual commitments that the Delegates to this Conference plan to make. You have been provided with a form which, if you so desire, can be used for this purpose. You can check the items on the forms or you can state your commitment in your own way. If you do fill out the form, or if you communicate with us in some other way; we, in turn, will want to keep in touch with you in the hope that you will share your experiences with us. Making a commitment of this kind is not a part of your responsibilities as a Delegate. We offer this in the belief that some of you might like to begin the Post-Conference Year in this manner.

Next, we will endeavor to obtain information from the national organizations that have participated in the White House Conference. Many of these organizations will take formal positions on the findings and recommendations of the Conference. We will seek to determine when these positions are to be taken. We will also seek to determine whether the organization in question plans to take a position on all of the recommendations or only on those contained in certain Sections and Special Concerns reports.

Many organizations will develop plans for obtaining support for the recommendations they decide to endorse. Where a recommendation supported by an organization calls for involvement on the part of the private sector, we will seek to determine what plans the organization has for bringing about the involvement of *its* membership. Where a recommendation supported by an organization calls for action on the part of Federal, State or local governments, we will seek to determine what plans, if any, the organization may have to develop citizen support for the recommendation. In both instances, we will ask whether or not the organization has plans for cooperating with other organizations.

We will endeavor to obtain information from public agencies at all levels of government. We will call their attention to recommendations addressed to their part of the public sector. We will ask them for their reactions to these recommendations. If they have a favorable reaction, we will seek to ascertain whether they plan to implement the recommendations immediately or feel that they must postpone action. If they feel that they must postpone action, we will seek to ascertain their reasons for this conclusion.

Once this information has been obtained, we will bring together representatives from both the private and public sectors who have participated in this Conference to determine how, in the light of this information, strategies for action can be developed.

Finally, we will develop a reporting system reflecting progress or lack of progress.

In my opening address on Sunday evening I read a message to the delegates from six national organizations. The signators to this statement were in alphabetical order by name of organization as follows:

Bernard E. Nash, Executive Director, American Association of Retired Persons and National Retired Teachers Association

Thomas G. Walters, President, National Association of Retired Federal Employees

Hobart C. Jackson, Chairman, National Caucus on the Black Aged

William C. Fitch, Director, National Council on the Aging

Nelson H. Cruikshank, President, National Council of Senior Citizens, Inc.

I have discussed with these signators the plans I have outlined for obtaining information to use as a basis for the Post-Conference Year of Action. As a result, they have decided to address the following message to the delegates.

"In a message to the Delegates at the opening of this Conference, we stated that it was our hope that the discussions and the conclusions reached would contribute to just one objective. That objective is: The enlistment of widespread support from all social, economic, religious, and political groups in behalf of action programs that will make available to older persons increased resources, services and opportunities and that will remove existing inequities which ethnic and other minority groups have had to bear.

"We believe that the discussions and the conclusions reached by the delegates could set in motion forces that can lead to the achievement of this objective.

"What is now required are commitments to action.

The Chairman has reviewed with us the plans for sending a communication to the national organizations that have participated in this Conference. We believe that an approach of this kind would help to provide an opportunity to make meaningful commitments for action. We also believe, however, that it should be made clear that participation by voluntary organizations in the Post-Conference Year can be meaningful only if there is commitment of substantial resources and leadership by government at all levels.

"Our organizations will take advantage of this opportunity. We hope that hundreds of other organizations will do likewise.

"In responding to this communication, we intend to underline the following points in connection with those specific Conference recommendations with which each of our organizations find itself in agreement:

1. We will monitor on a continuous basis what is happening to those recommendations addressed to the public sector at all levels, but especially those which are addressed to the Federal Government, and will speak out in no uncertain terms when actions do not keep pace with rhetoric.

2. We will do everything possible to develop strong political backing at all levels of government for such recommendations.

3. We will take seriously the recommendations addressed to the private sector and will make significant investments of time, energy and resources in order to implement them.

"The Chairman advises us that he recognizes the importance of commitments for action from the public sector to parallel those he is seeking from the private sector. He is going to urge public agencies at all levels to make their own commitments.

"We are convinced that an immediate and vigorous effort is going to be made to determine just where we are in terms of a willingness on the part of public and private organizations to followup on the White House Conference recommendations. We are convinced further that once this information is available, it will provide the basis for developing strategies for action—strategies that could produce unprecedented actions in behalf of older persons on the part of all segments of our society during the Post-Conference Year.

"The millions of older persons we represent will be satisfied with nothing less. We are confident that the delegates to this Conference will be satisfied with nothing less."

ADDRESS by
The Honorable Richard M. Nixon
President of the United States

Dr. Flemming, Chief Justice Warren, all of the distinguished guests on the platform and all of the distinguished delegates to this Conference:

First, I want you to know how very delighted we were to have you—2,700 I understand—as guests last night at the White House. As I came in by helicopter from Chicago, after speaking to a 4-H Convention there, I saw many in the windows looking out. I only wish I could have come down; but I realized if I shook hands with 2,700 persons, it would take more than the four hours that Chief Justice Warren took at the Open Forum on Monday night, and I wanted to be here this morning. I wish I could have welcomed all of you from all of the States in this Nation, all of you with your deep commitment.

Now I want to talk about this Conference, the White House Conference. I want to talk about it very candidly, in terms not of the past or the present, the resolutions that you will present, but in terms of the future.

Down in the Library of Congress there is a whole floor with many, many stacks of volumes of the records of White House Conferences, conferences on aging, conferences on young people, conferences on health. On almost any subject you can imagine, there has been a White House Conference, and every President has participated in them. Every President opens them or closes them, as the case may be.

Those volumes, very many of them, when I have seen them down there, just gathered dust, and you wonder what happened. Was it worth it? And all of you, as you come to the end of this Conference, must wonder, after all the work you have done, after all the recommendations you have made: Is it going to end here, or is this a beginning?

That is what I want to talk about. I would be less than candid if I were not to say that many White House conferences are more cosmetics than the real thing. They talk about the problem, give people an outlet, and, of course, that is a good thing; but recommendations usually are not put into practice as often as they should be.

When this Conference was called, as John Martin and Arthur Flemming will tell you, I told them I wanted to know what we could do. In preparing my remarks today, I wanted to speak specifically to the things that you recommended, and to speak also to how we could follow up.

I do not want the volumes—and there will be volumes on this Conference—simply to gather dust in the Library of Congress or in the Office of the President. As long as I am here, I will go over and shake off the dust myself to find out what was said. But Dr. Flemming told me before

I came in here just what he said to you when he introduced me: that each one of you has made a very important pledge this morning, a specific commitment to action in the post-Conference year. I am here to join you in that pledge.

This means that I am going to give my close, personal attention to the recommendations of this Conference. I have asked Dr. Flemming to stay on. We really cannot afford him, but he comes really as a volunteer. He is not only going to be Chairman of the Conference in the followup period; but also as a Special Consultant on Aging, so that I can take up these matters personally with him, as well as John Martin, who, as you know, is my Special Assistant on Aging.

Now, Dr. Flemming is known to you from having presided over this Conference. He is also known as a great educator. I knew him as a member of the Cabinet. Beneath that very genteel exterior is one of the most tenacious men I have known. So you have a good representative there speaking up for your problems.

The second step I have taken is that I have directed that your recommendations be put at the top of the agenda of our Cabinet-level Committee on Aging, in which Dr. Flemming also plays a leading role.

Finally, I have asked Dr. Flemming to create a post-Conference board to act as your agent in following up on your proposals. When matters that affect the interests of older Americans are being discussed in the White House, I am determined that the voice of older Americans will be heard. That is my commitment to you.

Now, as we consider your suggestions, we will be guided by this conviction: Any action which enhances the dignity of older Americans enhances the dignity of all Americans, for unless the American dream comes true for our older generation, it cannot be complete for any generation.

This is true, first, because we all grow old. The younger generation today will be the older generation tomorrow. But more than that, the entire Nation has a high stake in a better life for its older citizens simply because we need you. We need the resources which you alone can offer.

We are speaking, after all, of a proven generation, one that has brought this country through the most turbulent period in human history. Your skills, your wisdom, your values and your faith—these are among the most valuable resources this Nation possesses.

This country will have to be at its best if we are to meet the challenge of competition in the world of the 70's, and we cannot be at our best if we keep our most experienced players on the bench. I am not speaking of the Washington Redskins, either. Yet, in recent years all of us know a gulf has been opening between older Americans and the rest of our people. This gulf is the product of a great social revolution which has weakened the traditional bonds of family, neighborhood and community. For millions of older Americans, the result has been a growing sense of isolation and insecurity.

We have to change that. Younger and older Americans need one another. We must find ways to bring the generations together again.

In addressing the challenges before us, let us begin where most of you begin—that is the problem of inadequate income. We have to begin there because if we move in this front, all the other battles will be easier, and if we fail, to move in the income front, the other battles—and there are many others that I will discuss in my remarks this morning—will be impossible.

That is why it is so important that the Congress approve one of the most important bills to come before it in many years—the bill known as H.R. 1. Now, let me talk to you a bit about H.R. 1.

It is generally known as welfare reform. I presented it to the country in a radio-television address almost two and a half years ago. In that period, since it was presented to the country, it has been debated and talked about, passed one House, and still languishes in the Senate—no prospect for this session, and apparently not too much prospect even for the next session, unless something happens in terms of waking the Congress up to the fact that the American people want it.

Let me tell you what H.R. 1 does. You hear about welfare reform. Well, believe me, we need it. We have a system at the present in this country, a system in which, under our present welfare rules, in many States it makes it more profitable for a man not to work than to work, and it rewards a man for leaving his family, rather than staying with his family. When you have that kind of a system, you ought to abolish it and get something else.

So our new program provides for work incentives and work requirements. It also provides for needy children and provides for those needy children without the effect of the present welfare program, which is so degrading on those children and mars them for life.

But what is in it for older people? I think we have forgotten many of those things. Let me tell you how much is at stake for older citizens in H.R. 1 and why it must be a top priority.

For the first time in our history, it would put a national floor under the annual income of every older American. Now, some may say it ought to be higher, some may say it ought to be earlier; but the point is, it will be done. We need a national floor under the income of every older American. H.R. 1 does that.

Second, for the first time in our history, it would make Social Security benefits inflation-proof. This is something that I have always believed in. It does not make sense to have Social Security benefits constantly behind inflation. If we have inflation, the benefits should go up with it, and H.R. 1 provides for that.

It would allow Social Security recipients to earn more money from their own work. It would raise benefit levels, especially for widows. I have also asked the Congress to include in H.R. 1 a proposal for eliminating the $5.60 monthly fee now charged for Part B of Medicare.

Now let me get into the numbers. These numbers are so big that they may not, of course, be very impressive when we think of $200 billion budgets; and I am going to be working on that budget over this next weekend. But H.R. 1, as it now stands, would provide five and a half billion dollars in additional Federal benefits for older Americans—five and a half billion dollars more.

Let me point out something: If they had passed it two years ago, we would have had it then. You can see why the Congress needs to quit talking and start acting on H.R. 1. This would be three billion dollars in increased Social Security benefits, and when it is fully effective, another two and a half billion dollars in new benefits to persons with lower incomes. And a proposal to eliminate the monthly Medicare fee would enrich the five and a half billion dollar package by an additional one and one-fourth billion dollars, so that is the equivalent of an additional five percent increase in social security.

So you can see how much is at stake in this one proposal which has been there for over two years, which has not been acted upon, and which needs to be acted upon.

I have made a commitment to you. We need your help. Let your Congressman, let your Senator, know that before the next election you want action on H.R. 1. I think we ought to have it.

Now I would like to go to a second subject which is related to income. It is on the other side of the coin. That is the subject of taxes. We are supporting a series of tax reform proposals which would enable a single person aged 65 or older, to receive up to $5,100 of tax-free income. A married couple, both of whom are 65 or older, would receive over $8,000 in tax-free income.

However—and now I come to one that will be very close, I am sure, to the hearts of most of the people here, because when I met with representatives of this group before this conference was convened, this subject was raised by every one of those present. That is the property tax. It is not related to income, but it is a tax which keeps going up and up and up; whereas, an older person's income may be even going down.

Property tax collections have increased by 40 percent in the last five years alone. Now, here is where older Americans come in. We have checked and found that 70 percent of older Americans own their own homes. For many, these homes represent a lifetime of careful saving, and yet, because of property taxes, the same home which has been a symbol of their independence often becomes the cause of their impoverishment.

Take the 30 percent who do not own their homes. Those who rent their homes often bear an unfair burden because property tax increases are often passed along in the form of higher rents.

The inequity of the property tax is often the greater because it takes money from those who have already educated their own children, and uses it largely for the education of other children.

I received a letter recently from a women whose parents brought her and five other children to this country from Switzerland many years ago. They settled in California as homesteaders. They were full of hope and pride. Over the years that followed, they made their dreams come true. But today, many, many years later, things have changed so much that Mrs. Ewing begins her letter to me by saying, "Was it just an empty dream after all?"

Her father, at 72, is too ill, too tired to work. His family is grown and scattered. To meet his real estate taxes, he is now being forced to sell the property for which he worked so hard and so long. Then she goes on to say, "If this is really the country I grew up believing it to be, these inhumane property tax laws must be changed."

She is right and they should be changed. That is why we need a complete overhaul of our property taxes and of our whole system of financing public education because the property tax, as you know, in California as well as in many other States, is the primary tax which can and must be used at this time for financing public education.

Our revenue sharing proposals which were made a year ago, and which still have not been acted upon, can help relieve the pressure on property taxes, and older Americans have a large stake in enacting those proposals. But I believe we have to move in another front, more directly on the problem of property taxes. I am, therefore, working with our Domestic Council and working specifically with Secretary of the Treasury Connally in preparing specific proposals to ease the crushing burden of property taxes for older Americans and for all Americans.

The President's Commission on School Finance, which I appointed last year, has been carefully studying a range of possible remedies. These remedies will involve large sums of money. But we are prepared, however, to make the hard decisions we are going to have to make to provide property tax relief.

The time has come, in this subject as in others, to stop talking about the impact of property taxes on older Americans and to act in their behalf and in behalf of other citizens in similar circumstances.

Now, I want to go to another matter that I know has had consideration here, and one which I find very fundamental agreement with your conclusions. That is the inadequacy of private pension plans. One-half of our work force is not even enrolled in such a plan and many of those who are enrolled have inadequate or unreliable coverage.

I will, therefore, propose to the Congress a new program to reform our private pension systems. Here are some of the reforms: They will include measures designed to expand pension coverage, to ensure that pension funds are soundly managed, and also I will recommend new laws to require the investing of pensions so that an individual who works in a job, has money invested in a pension, and then moves from that job doesn't lose what he has put in. He is entitled to that and he should get it.

Now, there is one other item where I am going to talk about something that involves not what the Congress and what the Administration can do for older Americans, but what you can do for the country and for yourselves.

I am sure you have been reading and hearing in your newspapers and on television and radio a lot about our new economic policy; with the freeze on wages and prices for 90 days, Phase II, some of the arguments that have taken place with regard to what the application should be. Let me say that as far as this program is concerned, its primary design is to stop the rise in the cost of living. As far as this program is concerned, it is inevitable that anything that we do is going to cause some sacrifice on the part of some Americans.

For example, some labor leaders, not all, but some of them object to the fact that labor increases and wage increases cannot be as high as they would like. Some business leaders are objecting to the fact that we have laid down regulations in which their profit margins are not allowed to be as high as they would like. Some stockholders are objecting to the fact that we have laid on regulations where their dividend payments cannot be as high as they would like.

Let me say, I would like to have a program that would satisfy them all, because it is not pleasant to have any segment of the population object to a program that we have adopted. But let me lay it right on the line. Where a wage increase or a profit increase or a dividend increase can be controlled and the result will be stopping the rise in the cost of living for all Americans, that is worth doing, and that is what we plan to do.

The support for that program has been stronger perhaps, among older Americans, according to all the polls, than all the others. On the other hand, 70 percent of Americans do support it and we ask your continued support, because no matter how much the pensions may be, no matter how much the Social Security payments may go up, if the cost of living continues to go up it doesn't make any difference. That is why those who are retired and living on fixed incomes have the biggest stake of all Americans, and we hope that you will continue to support it right to the hilt.

Now, I have been talking about income and taxes and how we control prices, but even with higher income, we all know that many older Americans face problems beyond their individual control. I am going to talk for a moment about the one million Americans who live in nursing homes.

I can talk with great feeling about this because my mother was in a nursing home. She was very ill and had a stroke during the last two years of her life. It was a very good nursing home and I will always be thankful that the nurses there treated her just as I would have wanted to treat her, if I could have been there. Many of these nursing homes, like the one my mother was in and like the one my 91-year-old Aunt Edith is in out in Riverside, California, are ones where they receive excellent care from people who care about them. But many do not. There are some bad nursing homes, some inadequate ones. There is little that the people who are in them can do about it.

Partially, it is a question of money, being able to afford the payments, and partially it is a question of regulation. Where it is a question of regulation, we certainly can do something about it. That is why I announced last summer an eight-point program for improving our nation's nursing homes, for cutting off funds to those which remain substandard.

Our primary objective is the upgrading of nursing homes, but we are not going to hesitate to cut off funds from those which are hopelessly substandard.

Furthermore, we will take the initiative to make sure that public and private resources are available to provide alternative arrangements for the victims of such homes; to cut off the funds for the substandard ones and just let the people out, that is no answer. We must find an alternative and we are planning to do that.

But when we speak of the million who live in nursing homes, we want it realized that for every person in a nursing home, we have twenty times as many older people who are not in nursing homes. The greatest need is to help more older Americans to go on living in their own homes. Income programs, such as H.R. 1, tax reforms, they can help achieve this, because if the individuals have the funds, then they can retain their own homes. But so can a number of other additional decisions which we have already made.

We want to begin by increasing the present budget of the Administration on Aging nearly five-fold—to 100 million dollars. Now, you may wonder where I got that number. I must say, I heard from a number of you and I heard from Arthur Flemming. He didn't know about the number until this morning because it was 80 million dollars last night, and I decided, why not 100 million dollars. One hundred million dollars is needed for reasons that I am going to indicate as to what I expect from this.

But let me put it in another context. Let us put it in terms of priorities. The Congress, for example, at the present time, has under consideration a tax bill. It is a tax bill that has some very good provisions in it. It has one in which there is disagreement, honest disagreement, one where I take a different position from some others. But there is one provision in that bill that provides for between 50 and 100 million dollars to go for the purpose of paying the campaign expenses of an individual who is running as the nominee of his party for the Presidency of the United States. Now, my friends, just let me say this: It is very important that campaigns be adequately financed, but I say, rather than to have the taxpayers' money used for the purpose of financing a candidate's campaign for election, that money should be used for the purpose of allowing the elected President to keep his campaign promises once he gets into office.

Now, let's see what this 100 million dollars is going to do. We can give special emphasis to services that will help people live decent and dignified lives in their own homes, services such as home health aides, homemaker and nutritional services, home-delivered meals, transportation assistance. Much of this new money will be used to help marshall existing and expanding resources more effectively at the local level.

Toward this end, I will direct the Social Security Administration to provide an information center in each of its 889 district and branch offices to help explain all Federal programs which aid the elderly. These offices will, of course, supplement the State offices which already are doing a very fine job in this respect.

Then, there are two additional administrative decisions which will help older Americans remain in their own homes. The first will make housing money more readily available to older citizens to purchase homes in a variety of settings, including condominiums and retirement communities. Secretary Romney, who is also a very tenacious, evangelistic man in our Cabinet, is going to see that that is done, I can assure you.

The second will require that Federal grants provide services for older persons and also provide for the transportation they need to take advantage of these services.

Now I turn to another subject, and if I seem to be moving from place to place, believe me, you moved from place to place throughout this Conference and I am trying to cover most of the major subjects in which you expressed an interest. Some of the best service programs for older Americans are those that give older Americans a chance to serve. Thousands of older Americans have found that their work in hospitals, churches, parks and schools gives them a new sense of pride and purpose even as it contributes to the lives of others.

Federal programs to provide such opportunities have proved remarkably successful at the demonstration level, but that is all they have been up to this point. We are going to change them. We are going to move from demonstration to establish these programs on a broader national basis. Therefore, I am going to request that the Retired Senior Volunteers Program be tripled to 15 million dollars, so that an additional 50,000 volunteers can be involved. I have directed that the Foster Grandparent Program be doubled to 25 million dollars, and I will ask that this program be altered so that Foster Grandparents can work with older persons as well as with children.

I have also ordered that our jobs program for older persons with low incomes be doubled to 26 million dollars. Under this program, projects such as Green Thumb and Senior Aides have demonstrated that older Americans can make valuable contributions in health, education, and community service projects even as they earn additional income.

Let me say: Every older American can be proud that you have made these programs work in recent years. That is why we can double this one, triple that one, make a permanent program out of what was previously a trial or demonstration one. These decisions mean that you will be able to work in more places and for more people.

Now I have spoken this morning about some of the immediate steps that I am taking as part of my commitment, with your commitment, to action. We are proud of hese initiatives, but we are not content to rest on them. We are going to build on them. That is why I have outlined a mechanism for following up on this Conference, one which will allow us to take the fullest advantage of the excellent work which you have done.

Any discussion of the recommendations for dealing with the problems of the aged would not be complete without recognizing the strong support expressed at this Conference for extending Medicare coverage to include prescription drugs, and for accelerating the rate at which the income floor comes into effect under H.R. 1.

Now as you know, these programs involve very, very substantial budget problems for the Administration. Therefore, they are ones that will need a great deal of consideration and study. Because of the interest which you have expressed in these programs, I have directed the Domestic Council, under John Ehrlichman, who has already addressed you, to carefully consider both proposals and to make recommendations to me at an early date.

Your work is not yet over. You have a message to take home with you from this Conference, a message which must now be heard in every community in this land. Let me tell you what it is.

We need a new, national attitude toward older people in this country, and that attitude must be one which recognizes that America, whatever it does for its older citizens, fully appreciates what our older citizens can do for America.

Only a new national attitude toward aging can end the throwaway psychology which I understand was so graphically demonstrated in the film you saw Sunday night. Only a new attitude toward aging can reopen the doors of opportunity which have too often been closing on older men and women.

To borrow another phrase from your multimedia presentation—only a new attitude toward aging can keep older Americans from "slipping through the cracks."

We are entering a period when people will be retiring even earlier from their regular jobs, and when it will, therefore, be more important than ever to recognize that retirement from work does not mean retirement from life. This concept must be at the heart of our new, national attitude toward aging.

I see a great number of people in the White House, young people, middle-aged, older people, not nearly as many as I would like to see, but every day some come through to receive an award or recognition, and some just want to come in and see the President for some reason. A few months ago I met with a remarkable man. His name was George Black. For more than 80 years, this man has been making bricks by hand in Winston-Salem, North Carolina, his own special way of doing it. He is a master craftsman.

When he came in to see me, he didn't look it but he told me he was 93 years old. But his productive years were not over. So our Government, under one of the prorgams that we fortunately had, sent this remarkable man to a country that needed to learn about that almost forgotten skill of making bricks by hand. George Black went to Guyana, in South America, so that he could share his skills with the people of that less developed country.

When I asked him about his trip, this is what he said: "I have always asked the Lord to let my last days be my best days. I feel like He is answering my prayers."

George Black's prayer is the prayer of millions of Americans—"to let my last days be my best days." And for them, as for him, its answer depends not only on what they are given, but on what they continue to give.

Older Americans have much to give to this country. The best thing this country can give to them is the chance to be a part of it, a chance to play a continuing role in the great American adventure.

In a real sense, therefore, this Conference is just beginning, for all of us are going home with promises to keep. As we keep those promises, as we fulfill our commitments to action, we will make this Conference the great, new beginning that you have talked about this week. Let us make the last days the best days for all Americans.

PART 5

In Summary

A Delegate's View Of The Conference On Aging

The official report of the Conference speaks for itself in most ways. It does not, however, give account of the Delegates' personal views of the human experience of being a part of the White House Conference on Aging. For this reason, we asked Mrs. David M. Levitt for permission to reprint, as a part of the proceedings, the report of the Conference which she prepared for the National Federation of Sisterhoods'[1], for which she served a Delegate.

It will give an overview of the Conference at work for those who could not participate personally, and it will hopefully revive the dynamic quality of the Conference for all those who attend.

Aging—A Burden or An Honor

A Report by Mrs. David M. Levitt

"My 94-year-old mother was failing," said a black woman from Jackson, Mississippi, herself one of the 20 million Americans over 65 years of age designated as elderly. "Mama talked to me of the burden of old age. To help myself I read the Bible, and I happened on Psalm 91. I went into my mother's room to comfort her and read to her what God says, 'I will be with him in trouble; I will deliver him, and honor him. With long life I satisfy him.' And do you know, it changed her spirit. Next day, she was up and walking."

To the White House Conference on Aging, in Washington, D.C., November 28 - December 2, 1971, came approximately 3,500 Delegates and several hundred who were observers, guests from Government, visitors from foreign countries, as well as leaders of training programs in gerontology. They came to discuss the problems and situation of aging, and particularly the twenty million elderly who comprise the fastest growing minority in the United States, a quarter of whom live below the poverty level.

Dr. Arthur S. Flemming, Conference Chairman and former Secretary of Health, Education, and Welfare in the Eisenhower Administration, who also presided over the first White House Conference on Aging in 1961 stressed: "The time for action is now." People had come to Washington from every part of the United States and from overseas. The oldest delegate was 95, the youngest 17. Represented were many ethnic groups: Blacks, Spanish-speaking people, American Indians, Asian Americans. Special interest sessions were planned for these groups, as well as for rural and urban aged, for poor elderly, for blind and deaf aging, for youth and age and for those of the middle years who devote themselves in service to the aging.

A Three-Year Process

The Conference was an important mountain peak in a three year process. It was authorized by Congress on September 12, 1968, and called by President Nixon's proclamation of October 6, 1969, which directed that it develop "a more adequate national policy for older Americans." During 1970, over 6000 local meetings were held on the problems of the elderly, meetings on community, State, regional and national levels, all oriented toward the Conference. In this three year process, a year of action will follow the Conference to bring to Government, communities, agencies and organizations new policies and programs.

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[1] Those portions of the report specifically directed to the Sisterhood have been omitted.

Weeks and months ahead of arrival, Delegates had received assignments to subject sections of their choice, along with a continuing supply of materials to read. Among these materials were background papers developed by Technical Committees of citizens and work books listing issues which had been developed by citizens at local, State and regional meetings.

Briefing for Leaders

Over 200 Chairmen and Recorders convened for briefing sessions late in the afternoon and evening of Saturday, November 27, the day before the White House Conference officially opened. Dr. Flemming greeted the leaders; he spoke of the necessity for follow-through on the Conference and action in the post-Conference years. He stressed that there must be special attention and concern for minority groups, ethnic, rural, the poor, the disabled. Dr. Flemming said: "The elderly are barred from further meaningful involvement in life. Society's attitudes toward older persons must change. Out of the Conference we hope will come both a national policy on aging, and clearly stated specific action programs related to policy to meet short term goals."

The Conference procedure had been developed by Dr. Clark Tibbitts who had written a guide book for Conference Chairmen and Recorders who would be responsible for leading groups and drafting policy. Dr. Tibbitts reviewed both the procedure and structure at this pre-Conference briefing. As a final stage in preparation for the formulation of policy proposals, conferees had been assigned, as previously noted, to one of 14 subject areas: Education, Employment and Retirement; Health; Housing; Income; Nutrition; Retirement Roles and Activities; Spiritual Well-Being; Transportation; Facilities, Programs and Services; Government and Non-Government Organizations; Planning; Research and Demonstration; Training. Each Section was divided into Subsections. In addition, Special Concerns Sessions weer scheduled for Wednesday morning, December 1. There were 95 subsections.

On Sunday morning, briefing continued in the 14 separate Sections. I was a recorder in the Section on Spiritual Well-Being. Hess Sears, Secretary of the Equitable Life Insurance Company of Iowa, co-chairman of the Section, introduced co-chairman Monsignor Lawrence J. Corcoran, Secretary of the National Conference of Catholic Charities. The leaders present had read the scholarly background paper by Dr. David O. Moberg, and we started to discuss: What is our subject? What is the distinction between "spiritual" and "religious"? What is the relation between "material" and "spiritual" needs? Is housing for the elderly a part of this subject? If it is a responsibility of the religious institutions and community to provide housing, would this dimension be neglected in the Section on Housing? Hess Sears said that he had felt that it was important to have this Section, which had been only inferred in 1961, on the agenda of the Conference. This discussion of definition of the nature of persons—spiritual, physical, emotional, social—and of fulfilling needs through action—continued in meetings throughout the Conference. I paraphrased the famous statement of Rabbi Hillel, "If not food, health and shelter, how will I live? But if only food, health and shelter, is life worth living? And if not now, when?"

Sunday Evening—The Opening

The White House Conference on Aging opened officially on Sunday evening, November 28, at 7:30 p.m., in the International Ballroom of the Washington Hilton Hotel, the Conference headquarters. Delegates carried handsome black briefcases provided by the National Retired Teachers' Association and the American Association of Retired Persons. Among the many papers was a Program Book, on the cover of which was reproduced the winning painting in the nationwide Senior Portrait Contest. On pillars outside the Ballroom were signs: "Spanish Speaking Caucus, Jefferson Room;" "Black Caucus Meeting, moved to Lincoln Room;" "Coming—Senior Citizens Ombudsman Advocate." The conferees were addressed by John Martin, Commissioner on Aging, and by Dr. Flemming. A multi-media presentation followed, interspersing live drama with films and slide-sound programs. Two titles poignantly told the stories of fear and loneliness: "Let's Find Poppa a Nice Place to Live"; and referring to old people in our youth-oriented society, "Throw Away Culture."

Subsection and Section Meetings

On Monday morning, after a short orientation in this section, Delegates met in their Subsections in which approximately 35 people would meet together for 10½ hours through Monday and Tuesday. Through these 10½ hours they would deal with many difficult concerns and needs: adequate income, Government funding to make action possible, health services, unjust reduction in social security payments for low income earners, unfair discrimination for employment and various types of license, training of counselors for the aged, protection of old people in the streets, continuing education for growth and well-being in all stages of life.

Through all the discussions, there was the overriding concern that we in the United States have denied the fact of aging, have pushed aside the elderly, ignored and demeaned them. In a land of abundant material resources we have thrown away our human resources, and have caused millions to live in physical, emotional, and spiritual deprivation. The old are isolated. How do we change a nation's attitude?

I was in subsection No. 5 of the section on Spiritual Well-Being. Thirty of us met—young and old, black and white, men and women, Catholic priests, Methodist minister, Baptist preacher, Evangelical worker, rabbi, Unitarian lay leaders, retired teacher, psychiatrist, Episcopal sister, director of a Canadian home for the elderly —where the minimum age of admission is 85—people from Hawaii, Alaska and throughout continental United States.

At first we were careful, proper and estranged. We worked through Monday and Tuesday. What was our output? First we discussed, changed and voted on four policy issues which had been developed through State and regional meetings.

Issue No. 1. The Government should cooperate with religious bodies and private agencies to help meet the spiritual needs of the elderly, but in doing so should observe the principle of separation of Church and State.

Issue No. 2. Efforts should be made to meet the spiritual needs of the aging by ministering to them in conjunction with people of all ages, as well as in groups with special needs. It was noted that special attention should be given to allowing older persons to share in the planning and implementation of all programs related to them.

Issue No. 3. Since man is a whole being with interrelated and interdependent needs, religious organizations should be actively concerned with spiritual, personal and social needs.

Issue No. 4. Religious bodies have traditionally and properly developed their own philosophies. We recommend that they work together with the elderly and coordinate their efforts with other groups to develop and declare an affirmation of rights for the elderly. These rights should include the basic values of all while ensuring the basic right of freedom of religion.

Then we compiled a list of program implementation, bearing in mind the mandate for possible action. Lastly, we wrote an opening statement to help define the meaning of Spiritual Well-Being.

By Tuesday afternoon, 10½ hours later, a sense of pride permeated "our group" and there was easy laughter even on serious differences. On Wednesday morning when we no longer met in subsections, we eagerly greeted members of "our group" in halls, at lunch, and in the ocean of people at the general meeting.

As recorder for our subsection, it was my responsibility not only to take notes on the proposals, but also to be a member of the whole Section Drafting Committee, in which we attempted to synthesize the work of the six subsections. This task was done through dinner hours, and on into the evenings. These combined proposals were then brought to a final meeting of all the subsections of the entire section, where again the issues were discussed and voted in the democratic process which had been started on local and regional levels and was now carried to finality at the national Conference level.

Luncheons and an Open Forum

Alternating with small subsections were large gatherings. The Conference provided luncheons in four Washington hotels on Monday, Tuesday, and Wednesday for all conferees. Speakers from government offices and from Congress addressed each luncheon.

On Monday evening an Open Forum, chaired by Earl Warren, retired Chief Justice of the United States Supreme Court, gave opportunities for individuals or representatives of organizations to speak on any subject related to the general field of aging for from three to five minutes. Requests for time were accepted by a Steering Committee and the order of appearance was determined by lot. More than 80 persons spoke during four hours. Said Dr. Flemming, "We must not overlook any group in our society that wants to be heard."

Special Concerns

On Wednesday morning there were held Special Concerns Sessions: Aging and Blindness; Aging and Aged Blacks; Asian American Elderly; the Elderly Consumer; Mental Health Care Strategies and Aging; The Older Family; Homemaker-Home Health Aide Services; Older Indians; Legal Aid and the Urban Aged; Long-Term Care for Older People; The Poor Elderly; Rural Older People; The Spanish Speaking Elderly; The Religious Community and the Aged; Physical and Vocational Rehabilitation of Older People; Volunteer Roles for Older People; Youth and Age.

I attended the Session on Youth and Age, run by youth delegates. Heartening interest produced a position statement that young and old are one, both deserving respect; and that since all are concerned with the quality of life, there is a need to reorder national priorities. In a discussion of education and awareness, young people expressed the need to become aware of the aging process, the need for trained teachers, text books, shared courses with older persons. Many action projects involving youth were listed, from transportation teams to youth advocates for local and State programs for the elderly.

At the close of the Session, a visiting sociologist from India asked to speak. He said, "In the United States the old are isolated from their families. The young need to stop feeling like the 'in' group. You should tear down your walls, return to your elders."

The White House and President Nixon

On Wednesday evening, the citizens and foreign guests visited the White House, slowly touring the rooms and studying portraits of United States Presidents. A marine band played and Chief Little Wolf, an elderly American Indian in handsome red and white feather headdress and full white Indian regalia, asked a woman to dance.

Next morning, Thursday, December 2, the final general meeting convened. The Marine Corps Band played as the thousands of conferees took their seats in the International Ballroom. All the short reports from all Sections, which had been duplicated overnight, were distributed. In the vast crowd, one now saw many familiar faces.

Dr. Flemming addressed the Conference. He pledged a post-Conference year of action, with early steps to attain information about what actions individuals and groups take, and to share these experiences so that the early new actions will stimulate others. He said, "I have been listening to older persons and they want to be in a position to make decisions about their life. They want to be involved in life. And they want to be treated with dignity."

Exactly at 10:30 A.M., as the Marine Corps Band played "Hail to the Chief," President and Mrs. Nixon walked on to the platform to thunderous applause.

"Any action which enhances the dignity of the older generation enhances the dignity of all generations," said President Nixon. He spoke of the benefits which would follow the passage of H.R. 1 (Welfare Reform Bill) in establishing a national floor under the income of every older American, of allowing Social Security recipients to earn more money from their own work, of eliminating the monthly fees for Part B of Medicare. He spoke also of the need for tax reform to provide property tax relief; of new programs to protect workers under private pension plans; of the need for regulation of nursing homes; of the need for Federal grants to provide services for older people. And he stressed the need for a new national attitude of appreciation for what older citizens can do for America, to change the "throw away" psychology.

Dr. Flemming closed the Second White House Conference on Aging, telling a story about his children during a power shortage. The youngest complained of the dark, while the older ones looked for candles. He said, "Mature people determine to find candles and to light them to dispel darkness."

The White House Conference on Aging, in its long process through more than 6,000 meetings, involving two million people, has focused attention on and increased understanding of the situation and needs of older persons. The great question is: What action will we take following the Conference, individually and in our groups? We can help twenty million people to a better life—to provide necessary material goods and services, to help to release the inexhaustible bounty of spirit, to help our nation to benefit from the people who have contributed life-long work. By our actions, we have the answer: Aging—not a burden but an honor.

PART 6

Appendices

Appendix A

White House Conference on Aging Act
Public Law 90-526
90th Congress, H.J. Res. 1371
September 28, 1968

Joint Resolution

To provide that it be the sense of Congress that a White House Conference on Aging, be called by the President of the United States in 1971, to be planned and conducted by the Secretary of Health, Education, and Welfare, and for related purposes.

Whereas, the primary responsibility for meeting the challenge and problems of aging is that of the States and communities, all levels of government are involved and must necessarily share responsibility; and it is therefore the policy of the Congress that the Federal Government shall work jointly with the States and their citizens, to develop recommendations and plans for action, consistent with the objectives of this joint resolution, which will serve the purposes of—

(1) assuring middle-aged and older persons equal opportunity with others to engage in gainful employment which they are capable of performing; and

(2) enabling retired persons to enjoy incomes sufficient for health and for participation in family and community life as self-respecting citizens; and

(3) providing housing suited to the needs of older persons and at prices they can afford to pay; and

(4) assisting middle-aged and older persons to make the preparation, develop skills and interests, and find social contacts which will make the gift of added years of life a period of reward and satisfaction; and

(5) stepping up research designed to relieve old age of its burdens of sickness, mental breakdown, and social ostracism; and

(6) evaluating progress made since the last White House Conference on Aging, and examining the changes which the next decade will bring in the character of the problems confronting older persons; and

Whereas, it is essential that in all programs developed for the aging, emphasis should be upon the right and obligation of older persons to free choice and self-help in planning their own futures: Now, therefore, be it

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That

(a) The President of the United States is authorized to call a White House Conference on Aging in 1971 in order to develop recommendations for further research and action in the field of aging, which will further the policies set forth in the preamble of this joint resolution, shall be planned and conducted under the direction of the Secretary who shall have the cooperation and assistance of such other Federal departments and agencies, including the assignment of personnel, as may be appropriate;

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(b) For the purpose of arriving at facts and recommendations concerning the utilization of skills, experience, and energies and the improvement of the conditions of our older people, the conference shall bring together representatives of Federal, State, and local governments, professional and lay people who are working in the field of aging, and of the general public, including older persons themselves;

(c) A final report of the White House Conference on Aging shall be submitted to the President not later than one hundred and twenty days following the date on which the Conference is called and the findings and recommendations included therein shall be immediately made available to the public. The Secretary of Health, Education, and Welfare shall, within ninety days after the submission of such final report, transmit to the President and the Congress his recommendations for the administrative action and the legislation necessary to implement the recommendations contained in such report.

ADMINISTRATION

Sec. 2. In administering this joint resolution, the Secretary shall:

(a) request the cooperation and assistance of such other Federal departments and agencies as may be appropriate in carrying out the provisions of this joint resolution;

(b) render all reasonable assistance, including financial assistance, to the States in enabling them to organize and conduct conferences on aging prior to the White House Conference on Aging;

(c) prepare and make available background materials for the use of delegates to the White House Conference as he may deem necessary and shall prepare and distribute such report or reports of the Conference as may be indicated; and

(d) in carrying out the provisions of this joint resolution, engage such additional personnel as may be necessary without regard to the provisions of title 5, United States Code, governing appointments in the competitive civil service, and without regard to chapter 57 and subchapter 111 of chapter 53 of such title relating to classification and General Schedule pay rates.

ADVISORY COMMITTEES

Sec. 3. The Secretary is authorized and directed to establish an Advisory Committee to the White House Conference on Aging composed of not more than twenty-eight professional and public members, a substantial number of whom shall be fifty-five years of age or older, and, as necessary, to establish technical advisory committees to advise and assist in planning and conducting the Conference. The Secretary shall designate one of the appointed members as Chairman. Members of any committee appointed pursuant to this section, who are not officers or employees of the United States, while attending conferences or meetings of their committees or otherwise serving at the request of the Secretary, shall be entitled to receive compensation at a rate to be fixed by the Secretary but not exceeding $75 per diem, including traveltime, and while away from their homes or regular places of business they may be allowed travel expenses, including per diem in lieu of subsistence, as authorized under section 5703 of title 5 of the United States Code for persons in the Government service employed intermittently. The Commissioner on Aging shall act as Executive Secretary of the Committee.

DEFINITIONS

Sec. 4. For the purposes of this joint resolution—
(1) the term "Secretary" means the Secretary of Health, Education, and Welfare; and
(2) the term "State" includes the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands.

Sec. 5. There is authorized to be appropriated to carry out this joint resolution the sum of $1,900,000.—Approved September 28, 1968.

Appendix B

Officials and Staff

OFFICERS

Arthur S. Flemming
Chairman

Bertha S. Adkins
Vice Chairman

John B. Martin
Director

Webster B. Todd, Jr.
Executive Director

Florence J. Jones
Administrative Officer

Julie Erickson
Special Assistant to the Chairman

Marquerite Thomas
Secretary to the Chairman

Dorothy Whitener
Secretary to the Director

Pauline Sedlak
Secretary to the Executive Director

STAFF

TECHNICAL ACTIVITIES

Wilma Donahue
Co-Director

Clark Tibbitts
Co-Director

Alfred E. Duncker

Joanne Hogue

George Thomas Beall

Juanita Wills

Steven Krasner

Frank Stewart

Hannah Nathanson
Staff Assistant

Vivian Fitz-Roy
Staff Assistant

REGIONAL AND STATE RELATIONS

Ray L. Schwartz
Director

Patrick Twohig

Donald Jackson

Suzanne Smith
Secretary

NATIONAL ORGANIZATION RELATIONS

Dorothy S. MacLeaod
Director

Cora Thayer

Helen Anderson
Secretary

DELEGATE RELATIONS

Tina Forrester
Director

Joanne F. Lawson

Valerie Brown

PUBLIC INFORMATION

John Edwards
Director

Patsy Kinser
Secretary

Mary Youry

Helene Melzer

Lee Lawrence Ansberry

Barbara Hildreth
Secretary

LOGISTICS

John Christman
Director

Dennis Condie
Associate Director

James Mills

Carol Camelio

Shelia Stayte

Anne Anderson
Secretary

ADMINISTRATIVE STAFF

Cherie L. Cozin
Assistant to Administrative Officer

Grace Behm

Amelia Madrak

Thomasine Hollis

Cecilia Pilkerton

Rosa Johnson

Harry Lark

Appendix C

The National Planning Board

Note: The Executive Committee included the Chairman, Vice Chairmen and members whose names are marked with an asterisk (*).

Chairman
Arthur S. Flemming

Vice Chairmen
Bertha S. Adkins
Inabel B. Lindsay
Earl G. Warren

Members
Tary Adams
David L. Alvarado
Decker Anstrom
Eloise Hardison Banks
Robert W. Baron
Margaret Bartosek
Rosemary Baxter
Marietta Rumberg Benge
James S. Bennett
Robert D. Blue*
Frances P. Bolton
Walter L. Bond
Marjorie T. Borchardt
Kathleen Merry Broderick
Richard P. Butrick
Herbert R. Cain, Jr.
Blue A. Carstenson
Charles H. Chaskes*
Marguerite Stitt Church
Lucius DuB. Clay*
W. Fred Cottrell
Nelson H. Cruikshank*
Consuelo Castillo de Bonzo
Louella C. Dirksen
John W. Edelman
Carl Eisdorfer
Edward K.(Duke) Ellington
Frances Fairbanks
Thomas E. Fielders*
Rabbi Louis Finkelstein
William C. Fitch*
Myrtle C. Fonteno
Julian P. Fox, Jr.
Danny Frank
S. Ross Greenwood
Alfred M. Gruenther*
A. Webb Hale
Cecil M. Harden*
A. Baird Hastings*
Robert J. Havighurst*
Aile Henry
Adelaide C. Hill
Tibor Horanyi
Grace Howard
Hobert C. Jackson*
John A. Jackson
Ronald L. Jensen
Cernoria D. Johnson
Victor Kassel
Alfred H. Lawton
Melinda Ann Lee
Marcelle G. Levy
Elizabeth K. Lincoln
Edward J. Lorenze
Ruby E. Stutz Lyells
John W. McConnell
Laura B. McCoy
Walter C. McKain
John B. McPherson
George Meany*
Garson Meyer*
David Miller
A. Luther Molberg
Thomas C. Morrill
Roger F. Murray
Noverre Musson
Bernard E. Nash*
Melvin N. Newquist
James C. O'Brien
Carter C. Osterbind
Frell M. Owl
Ollie A. Randall
George G. Reader
Patricia Roberts
Robert B. Robinson
Sebastian Rodriguez
E. Bonny Russell
William L. Rutherford
Margaret C. Schweinhaut
Hess T. Sears*
David C. Singler
Eleanor F. Slater
William E. Snuggs
Arthur L. Sparks
Mary E. Switzer
Charles P. Taft*
Robert H. Takeughi
Bradley L. Taylor
Peter E. Terzick
J. Frank Troy
Mary Ellen Tully
Bernard S. Van Rensselaer*
Thomas G. Walters*
Jesse P. Warders
Donald M. Watkin
Paul Dudley White
George K. Wyman
Clara Yanez
Steve Zumbach

Appendix D

State Planning Officials

Note: All persons listed were in charge of the State unit on aging in their respective states at the time of the Conference.

Alabama—Emmett Eaton
Alaska—Henry A. Harmon
Arizona—Thomas Tracy
Arkansas—J. R. Jones
California—David Baxter
Colorado—Robert B. Robinson
Connecticut—Sholom Bloom
Delaware—Preston Lee
District of Columbia—Roberta B. Brown
Florida—Oliver Jernigan
Georgia—Harold Parker
Guam—Eufrosina S. Lujan
Hawaii—Renji Goto
Idaho—Kay Pell
Illinois—Elizabeth Breckenridge
Indiana—George E. Davis
Iowa—Earl V. Nelson
Kansas—Lauren Harrod
Kentucky—Don Valentine
Louisiana—Archie E. Robinson
Maine—Richard W. Michaud
Maryland—Harry Walker
Massachusetts—Donald Strong
Michigan—Charles H. Chaskes
Minnesota—Gerald Bloedow
Mississippi—Doug Kenna, Sr.
Missouri—Earl R. Welty
Montana—Lyle Downing
Nebraska—Ronald L. Jensen
Nevada—Jack Herrera
New Hampshire—Elizabeth K. Lincoln
New Jersey—Edward L. Donohue
New Mexico—K. Rose Wood
New York—James O'Malley
North Carolina—James E. Brown
North Dakota—Marion Connolly
Ohio—Rose Papier
Oklahoma—John J. Hoppis
Oregon—Mrs. Edward L. Hughes
Pennsylvania—Herman M. Melitzer
Puerto Rico—Alicia Ramirez
Rhode Island—Eleanor F. Slater
Samoa—W. H. Struhs
South Carolina—Harry Bryan
South Dakota—Herbert Schumacher
Tennessee—Patty Buchannan
Texas—Mrs. Carter Clopton
Trust Territory—William Allen
Utah—Melvin White
Vermont—Jack Leary
Virginia—Julian P. Fox, Jr.
Virgin Islands—Gloria M. King
Washington—John B. McPherson
West Virginia—Louise B. Gerrard
Wisconsin—Duane Willadsen
Wyoming—Stan Torvik

Appendix E

Conference Participants

STATE DELEGATES

Note: Delegates named by the President, the Secretary of Health, Education, and Welfare, and the State Governors

ALABAMA

Carrie B. Allen
Mary Abby Berg
Rev. James G. Berry
Duke M. Bradford
Eleanor Brantley
M. P. Coprich
Erman Crew
Rev. Sylvester Croom, Sr.
Sylvester Croom, Jr.
Phillip Crunk
Mary M. Darner
Emmett W. Eaton
William F. Elliott
Hoty O. Farquhar
Eddie Fletcher
Lucille Fletcher
James C. Folsom
James Hoyt Gay
C. G. Gomillion
Rubin M. Hanan
Wilbur S. Hart
David A. Hemphill
Belcher Hobson
Nita Hogg
W. Gene Kerlin
Buford Lachrey
Ganta N. Lovell
Fred H. Pumphrey
Johnnie Dean Rivers
Bill Roberts, Jr.
Beatrice Salsbury
Mrs. J. W. Scarbrough
Mrs. Robbie Fritts Smith
W. E. Snuggs
Jesse T. Todd
Edith Upchurch
Mildred Van De Mark
Doreen Varner
E. O. Williams

ALASKA

Leah Boyd
David B. Carlson
Jesse Cooday
Frank Degnan
Frank D. Eaton
Kathryn L. Fiala
Buddy Gomez
Henry A. Harmon
Steven V. Hotch
Zetta Hoyt
James Huntington, Sr.
Samuel Kith
Msgr. J. A. Lunney
Frederick P. Mcginnis
Bessie Moses
James Peter Olsen
Frank Peratrovich
Vernon L. Perry
Titus Peter
Mrs. Allan L. Petersen
Mrs. Frank M. Reed, Sr.
Lorena Showers
A. Doris Southall
Edward Spencer
Mrs. Ed Sweeney
Margaret Thomas
Homer Thompson
William C. Wiggins

ARIZONA

Marie Allen
Eloise Banks
Jane C. Becenti
Elinor J. Barnes
Harry Brown
Esther O. Carson
Amparo Carrillo
Lenora Collins
Louva Dahozy
Msgr. Robert J. Donahue
R. Alice Drought
Edison Evans
Ted Evans
Garry M. Fingar
Rev. William M. Jacks
Raymond Kane
John Link
Marian Lupu
Everett B. Luther
Peter McDonald
Howard McKinley
Clinton Mellor
Winona E. Montgomery
Ronald Moore
Dorothy Nolan
Graciela Olivarez
Glenn D. Overman
Rev. Scott Redhouse
Elwood J. Saganey
Rodger H. Sandoval
Grace J. Schell
Agnes Savilla
Harry Sloan
Charles Still, Jr.
Sophie Thompson
Debra Lynn Toy
Thomas Tracy
Grey Valentine
Joan Van Winkle
Karl E. Voldeng
William Welsh
Clara Yanez

ARKANSAS

Stanley Applegate
Charlotte Bailey
Jennie B. Bates
Malcolm R. Bean
Franklin Collier
Wesley K. Gee
Davis W. Goldstein
Fannie Hardy
Beverly J. Holcomb
Peggy Hudson
J. R. Jones
Mrs. Charles Kayser
Letcher Langford
Chester Lauck
Mrs. E. S. Leonard
Mark Lester
Lillian McGillicuddy
Lonnie Meachum
Luther Miller
Harry Moore
Lucy Muldrow
Kenneth P. Newfield
Alex T. Perdue
Christine Poindexter
Virginia Robinson
Floyd Sexton
Vada Sheid
Ruth Siesicki
Bonnie L. Stanley
Gordon Perry Stone
Mildred B. Williams
Sadie J. Williams
Glenn B. Winston
Lucy Wright
Annie Zachary

CALIFORNIA

Achille Albouze
Frances Albrier
Baltis Allen, Jr.
Jack Anderson
Lupe Anguiano
Helen Antoniak
Aubrey E. Austin, Jr.
Jose Baldivino
Milton B. Ball
Roscoe B. Bancroft
William S. Banowsky
E. Richard Barnes
David E. Baxter
Malcolm R. Bean
James Belda
Peggy Best
James E. Birren
Kay Bixby
Louis Bolden
Marjorie T. Borchardt
Sam Bozzo
George M. Briggs
Barbara Bright
Robert Brown
Roy Brown
Wat W. Brown
Glen Burch
Helen R. Burns
Mrs. Francis X. Bushman
Lovella Carling
Frances M. Carp
Vincent P. Carroll
Elsa Carrow
Roberto Caruajal
Jack Cary
Peter R. Chacon
Yung-Ping Chen
Marshall C. Cheney
Larry Chrisco
Enoch Christofferson
Margaret M. Clark
Paul Cowgill
Earle P. Crandall
W. Earl Cranshaw
Robert B. Cummings
Evelyn Roeding Cuttle
Mother Frances Danz,
Karl L. Davis
Consuelo Castillo Debonzo
Margaret Debow
Eugene Degabrielle
Domingo Delgado
David Demarche
Patti Dewitt
Andrew Dieppa
Ismael Dieppa
Steven Doi
William E. Dorsey
Patti Duro
William Edison
Dorothy E. Elliott
Julie Ellis
Ted Ellsworth
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Appendix G

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Department of Labor
Department of Transportation
Department of Treasury
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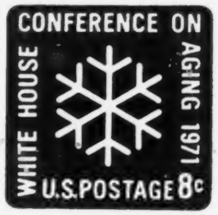

The U. S. Postal Service on October 2, 1971, issued an 8-cent stamped envelope with a specially designed embossed stamp to commemorate the 1971 White House Conference on Aging.

Appendix H

Rules of Order Governing Section, Subsection and Special Concerns Sessions Meetings

The rules of order to govern the conduct of the Section and Subsection Sessions and Special Concerns Sessions of the 1971 White House Conference on Aging are set forth below. These rules were adopted by the Conference Planning Board to assist Conference leaders in conducting orderly and effective work sessions.

1. Rules of order as adopted by the Conference Planning Board will govern procedure and formal actions at all sessions of the Conference, and where these do not apply Roberts' Rules of Order shall govern.

2. Section and Special Concerns Sessions will be responsible for Conference recommendations. No voting will take place at general sessions.

3. The Chairman of each Section and Subsection and of each Special Concerns Session will rule out of order any proposal not specifically related to the purpose of the Conference and germane to the subject matter before the group.

4. Subsections will have as the basic subject for discussion the synthesized policy recommendations submitted by the States and National Organizations, while the Section will have as the basic subject for discussion the synthesized policy recommendations of the Subsections.

5. The official recorder for each Section or Subsection and Special Concerns Sessions shall be a Delegate.

6. Each discussant in being recognized by the Chair shall give for the record his name and the State or organization represented. Upon the request of any Delegate a discussant may be asked—either before or at the conclusion of his remarks—to state the interest with which he is identified.

7. A participant from the floor or any Section or Subsection will be permitted to speak not more than three minutes on any one subject except by unanimous consent. Where there is a matter of some controversy, the first speaker of either side will be allowed five minutes.

8. The Section Policy Coordinating Committee may edit and combine similar recommendations without making substantive changes. In case of a direct conflict in the recommendations of the different Subsections, each will be presented to the Section.

9. Presentation of synthesized Subsection policy recommendations will be made in the Section sessions meeting on Wednesday afternoon. Action may be taken only on recommendations originating in the Subsection sessions and presented by the Section or Special Concerns report along debate, a recommendation must be questioned by 10 percent of the Delegates. The exact vote on every issue will be recorded. The substance of the minority point of view of at least 15 percent of those voting must be recorded and reproduced in the Section or Special Concerns report along with the point of view of the majority. A lesser minority may file its point of view with the Recorder but it will not be reported to the Conference.

10. Proxy votes are not permissible in voting at any Section, Subsection or Special Concerns meeting.

11. Persons eligible to vote are the Conference Delegates who are designated members of the Conference Section or Special Concerns Session involved.

12. All voting shall be by voice except in cases in which the Chairman is in doubt or where a standing vote is demanded.

13. The formula for obtaining a vote on all recommendations will be the same for all Section, Subsections and Special Concerns Sessions as follows:

A. The recommendation will be read and its adoption moved.

B. *Voting By Acclamation*
1. The Chair will say, "You have heard the

recommendation. Is there any objection? (Pause) If not, without objection (pause) the recommendation is approved unanimously."

C. *In Case of Objection*

1. The Chair will say, "You have heard the stand and be counted. If 10 percent object (Rule 9), debate shall be opened.

2. After the Chair has opened discussion a limit will be set for debate. The Chairman will recognize alternately those favoring and those opposing a position.

3. After these have spoken the Chair will ask, "Has anyone anything NEW to add? If not will those in favor say AYE" (AYES) "Those opposed, NAY." (NAYS) (Count) If the vote is close enough so that it is estimated that 15 percent are opposed and a request is made for submission of a minority report, the Chairman will ask those opposed to stand and be counted.

D. *In Debate*

1. If an amendment is offered, it MUST be presented to the Chair in written form before any action can be taken on it.

14. The Chairman of the Conference Planning Board will review or adjudicate any procedural questions during the period of the Conference.

Appendix I

Titles and Authors of Background and Issues Papers[1]

EDUCATION
Howard Y. McClusky, Professor Emeritus of Education, University of Michigan

EMPLOYMENT
Irvin Sobel, Professor and Chairman, Department of Economics, Florida State University

RETIREMENT
James H. Schulz, Associate Professor of Welfare Economics, Heller School, Brandeis University

PHYSICAL AND MENTAL HEALTH:

PHYSICAL HEALTH
Austin B. Chinn, Former Chief, Gerontology Branch, Division of Chronic Diseases, Public Health Service

Edward S. Colby, Evaluation Officer, Community Health Service, Health Services and Mental Health Administration, Public Health Service

Edith G. Robins, Coordinator for health of the Aging, Community Health Service, Health Services and Mental Health Administration, Public Health Service

MENTAL HEALTH
Alexander Simon, M.D., Professor and Chairman, Department of Psychiatry, School of Medicine, University of California, Berkeley

HOUSING THE ELDERLY
Ira S. Robbins, Housing Consultant, Former Vice Chairman, New York City Housing Authority

INCOME
Yung-Ping Chen, Associate Professor, Department of Economics, University of California, Los Angeles

NUTRITION
E. Neige Todhunter, Professor of Nutrition, Vanderbilt University

RETIREMENT ROLES AND ACTIVITIES
Gordon F. Streib, Professor, Department of Sociology, Cornell University

SPIRITUAL WELL-BEING
David O. Moberg, Professor and Chairman, Department of Sociology and Anthropology, Marquette University

TRANSPORTATION
Joseph S. Revis, Consulting Associate, Institute of Public Administration

FACILITIES, PROGRAMS, AND SERVICES
Robert Morris, Professor of Social Planning, and Director, Levinson Gerontological Policy Institute, Heller School, Brandeis University

GOVERNMENT AND NONGOVERNMENT ORGANIZATION
W. Fred Cottrell, Professor of Government, and Director, Scripps Foundation for Population Research, Miami University, Ohio

PLANNING
Robert H. Binstock, Associate Professor of Politics and Social Welfare, Heller School, Brandeis University

RESEARCH AND DEMONSTRATION
George L. Maddox, Professor of Sociology and Medical Sociology, Departments of Sociology and Psychiatry, Duke University

TRAINING
James E. Birren, Professor of Psychology, and Director, Gerontology Center, University of Southern California

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[1] These papers are available for purchase from the Superintendent of Documents, U.S. Government Printing Office Washington, D.C. 20402.

Appendix J

Outstanding Older Americans

Named by their respective States in response to an invitation from the White House Conference on Aging.

Alabama: Mildred Hutto
Alaska: Dora Sweeney
Arizona: Winona Montgomery
Arkansas: Mamie Kayser
California: Isabel Van Frank
Colorado: Homer M. Woods
Connecticut: Edward Peavy
Delaware: Alfred R. Shands
District of Columbia: Paul Weiss
Florida: Eartha M. M. White
Georgia: Benjamin E. Mays
Illinois: Howard H. Bede
Indiana: George E. Davis
Kentucky: Albert Christen
Maine: Floyd Scammon
Maryland: Mabel Patterson
Massachusetts: Frank J. Manning
Michigan: Hazel G. Robinson
Minnesota: The Reverend Denzil A. Carty
Mississippi: Travis McCharen
Missouri: Cecil N. Davis
Montana: Catherine Calk McCarty
Nebraska: Asa Wolfe
Nevada: Virginia Aikens
New Hampshire: Elizabeth Donovan & Emily Wilson
New Jersey: Arthur A. Wacker
New York: Marcelle G. Levy
North Carolina: Ellen Winston
North Dakota: Nels Porsborg
Ohio: W. Fred Cottrell
Oklahoma: Lloyd C. Roach
Oregon: Helen Manning
Pennsylvania: Ellen Connell
Puerto Rico: Juan Alemany Silva
Rhode Island: John W. Cornett
South Carolina: Jefferson Boone Aiken
South Dakota: Russell E. Jonas
Tennessee: Rudolph H. Kampmeier
Texas: Alvin Arthur Burger
Utah: Thomas Phillips
Vermont: Theresa Brungardt
Virginia: Belle Boone Beard
Washington: Rudolph Knaack
Wisconsin: Margaret Hardy Noble
Wyoming: Robert Rhode

Appendix K

Senior Portrait Contest

THE WINNING PAINTING

"Patriarch of the Mountain," oil, by **Bernard C. Bronder,** 73, of Mountain Home, Arkansas. Mr. Bronder's painting, executed in yellows and browns, won the national White House Conference portrait contest and was reproduced on the cover of the Conference Program.

HONORABLE MENTION

Mrs. Esther Andresen, 74, of Fairmount, North Dakota, for "The Golden Years," charcoal.

Mrs. Katharine A. Cowgill, 81, Silver Spring, Maryland, for Rudy the Cobbler," oil.

Virgil G. Fritsch, 72, of Holgate, Ohio, for "Master Carver," oil.

Leonard Herbert, 67, of Lihue, Kauai, Hawaii, for "Glory," oil.

Mrs. Vera Macbeth, 85, of St. Thomas, Virgin Islands, for "John of St. Thomas," oil.

Jeff Madden, 70, of McKeesport, Pennsylvania, for "Overcoat Sam," oil.

Edmund Yaghjian, 67, of Columbia, South Carolina, for "It's Brighter Today," polymer.

CONTEST JUDGES

Charles Parkhurst, Assistant Director, The National Gallery of Art.

Dr. Marvin S. Sadik, Director, The National Portrait Gallery.

Dr. Joshua C. Taylor, Director, The National Collection of Fine Arts.

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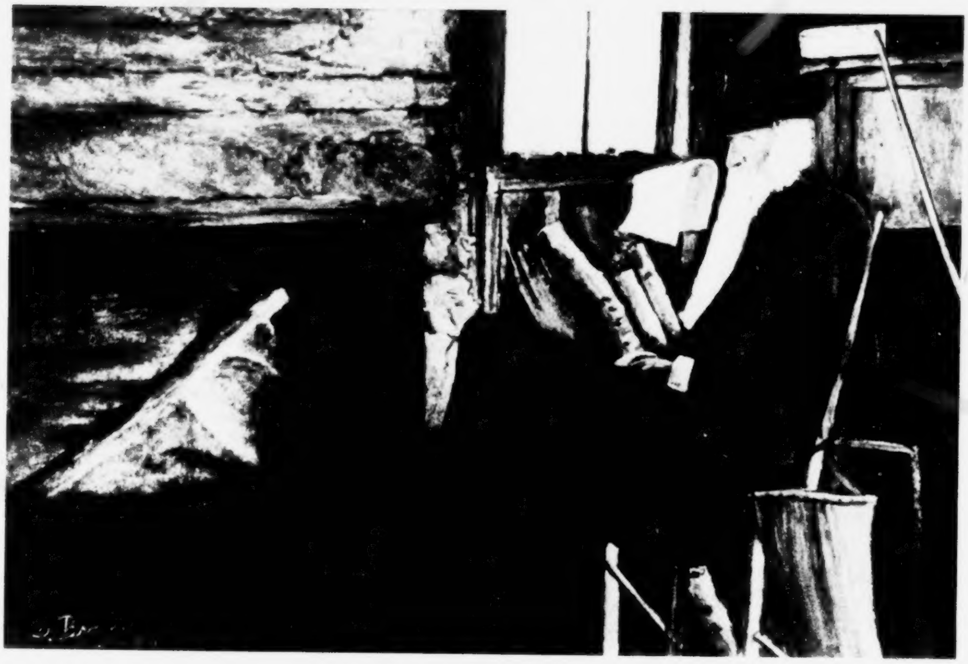

"Patriarch of the Mountain"
by Bernard C. Bronder, 73, of Mountain Home, Arkansas,
the Arkansas entry and national Winner
in the Senior Portrait Contest
for the White House Conference on Aging.

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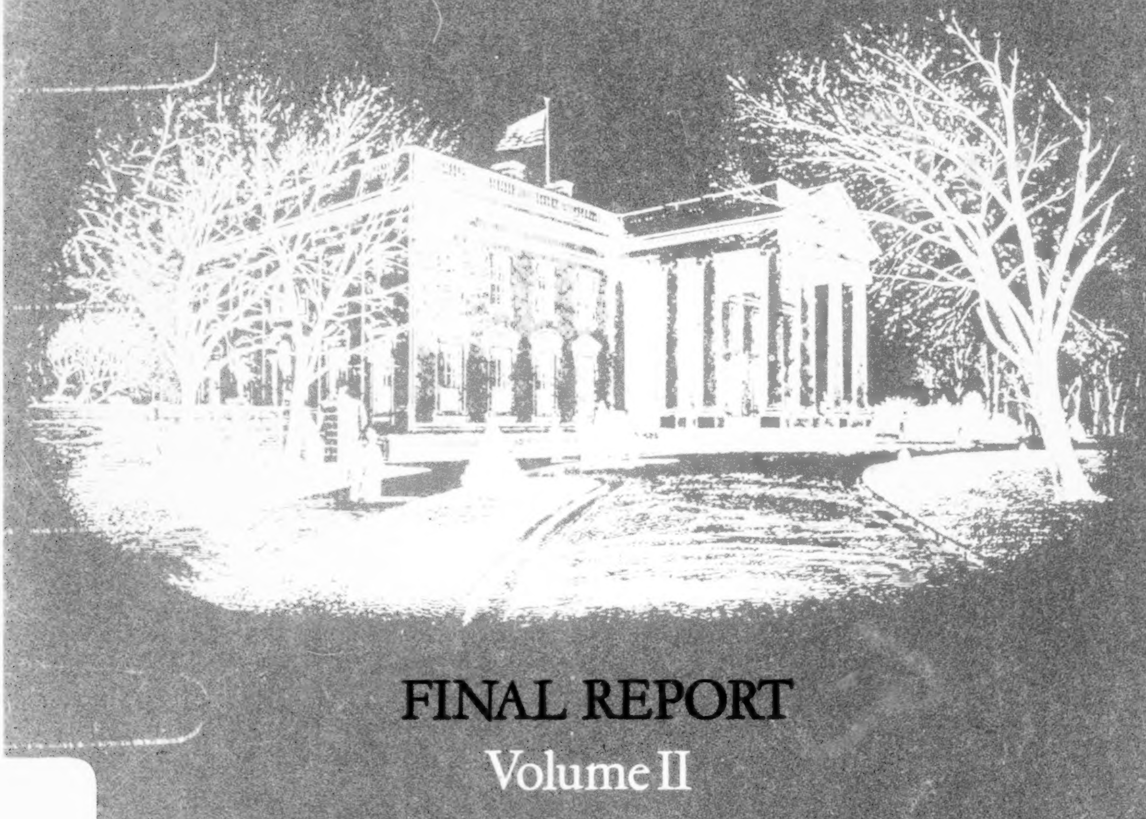
1971 WHITE HOUSE CONFERENCE ON AGING

TOWARD A NATIONAL POLICY ON AGING



FINAL REPORT

Volume II

AC014138

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Toward A National Policy On Aging

Proceedings of the

1971 WHITE HOUSE CONFERENCE ON AGING

November 28 – December 2
Washington, D. C.

Volume II

Conference Findings
and Recommendations
from the Sections and
Special Concerns Sessions

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INTRODUCTION

The White House Conference on Aging was organized into 14 subject-matter Sections. Technical Committees were appointed for each by the Secretary of Health, Education, and Welfare, Elliot Richardson, who charged them with the responsibility for planning the work of their respective Sections.

With the assistance of a Secretariat, made up of representatives of appropriate Government agencies, the Technical Committees identified what they believed to be the major issues requiring resolution in order to achieve a forward looking, consistent national policy in aging and to bring about immediate action. These issues were considered, modified, and added to by local and State White House Conferences and National Organization Task Forces. From these deliberations there emerged the core subject matter which was considered by the Delegates to the various Sections of the National Conference.

The Conference Sections each met twice during the Conference, but most of the work was done by the Delegates working in small subsection groupings of from 35 to 40 persons. Thus, every Delegate had the opportunity to participate in the 2 days of subsection discussions, and to take an active part in the formulation of recommendations to be acted upon by the full Section.

The recommendations (majority and minority) approved by the Subsections were prepared for transmittal to the Section Drafting Committee by the Subsection Chairman, Vice Chairman, and Recorder. The Section Drafting Committee, which included the Section Co-Chairman and Recorders and the Subsection Recorders, collated the recommendations from the Subsections for the review of the Policy Coordinating Committees. These Committees, each of which consisted of all Section and Subsection Officers, determined the statement of the majority and minority recommendations to be presented for action at the final meeting of the Sections. Those recommendations that received support of the majority of the Delegates attending the meeting, together with approved minority recommendations, became the official action report of the Section.

The separate reports of the 14 subject-matter Sections are presented in Volume II—Part 1 of the Conference Proceedings. The recommendations reported are those that were adopted at the final Section plenary meeting. They included majority recommendations, those supported by more than half of the voting Delegates, and minority recommendations, those supported by from 15 to 50 percent of the Section Delegates.

Each of the following Section reports is preceded by a brief introductory profile of the conference group that developed the recommendations. These introductory statements are presented to provide the reader with additional information relevant to a better understanding of the policy recommendations.

In response to the request of a number of national organizations, the program of the 1971 White House Conference on Aging was expanded to include 17 sessions on topics of special concern to those organizations. The purpose of these Special Concerns Sessions was to provide for indepth discussion of specific aspects of aging or of the circumstances of particular groups of the older population. The Sessions, like the subject-matter Sections, were committed to developing and recommending policies that could lead to immediate action for improving the quality of life of older people.

These Special Concerns Sessions were organized by planning committees made up of representatives from those national organizations requesting the Session and from related groups. Each of the planning committees was assisted by representatives from appropriate Federal agencies. The committees had full responsibility for determining the content of the program of the Sessions and for identifying and inviting program participants.

The 17 Special Concerns Sessions were held simultaneously from 8:00 A.M. until 12:00 Noon on Wednesday, December 1. Each Delegate chose which, if any, Session he wished to attend. The recommendations from the Sessions are presented in Volume II—Part 2 of the Conference Proceedings.

The Special Concerns Sessions' recommendations tend to be less policy focused than the Section proposals. They give more attention to programs and services needed to alleviate the very difficult circumstances many older people face today.

Session reports that focus on a general concern have been grouped together to allow the reader to review more easily those subjects that are significantly interrelated. In many instances the reader will also want to read the recommendations made by Sections (Volume II—Part 1) which are related to the general topic under which the Session reports are assembled.

SECTION ON EDUCATION

INTRODUCTION

Two hundred and sixty-nine Delegates to the 1971 White House Conference on Aging were named to the Education Section. These Delegates included administrators and instructors in elementary, secondary, and higher education, college and university students, doctors, lawyers, religious leaders, social workers, public officials, labor leaders, and professionals in the field of aging.

This group of Delegates was uniquely qualified to develop policy recommendations in education for older people. The Delegates in the Education Section included: (1) substantial representation of older people themselves (approximately 32.4 percent were retired persons); (2) representation of the major ethnic minority groups (American Indian, Afro-American, Asian American, and Spanish American); (3) representation of professionals in the fields of education and aging, (4) representation from each of the 50 States, Puerto Rico, the Virgin Islands, Guam, and the Pacific Islands.

The thinking and desires of the State and local White House Conferences on Aging and the earlier Older Americans Forums formed the basis for the recommendations produced by this able and experienced group.

The Education Section produced 23 recommendations which speak to several issues including: what basis should be used in allocating financial and manpower resources for education and aging; what populations among the aged should receive special attention; what types of services should be developed; what are some ways of effectively providing these services. It is hoped that these recommendations will provide direction for substantially improving the quality, productivity, and dignity of the lives of older people.

SECTION REPORT

The initial Section plenary meeting was called to order by Walter G. Davis, Director of the Department of Education of the AFL-CIO, who served as presiding co-chairman. After introducing himself and the other Section leaders, Mr. Davis called on co-chairman Howard Y. McClusky, Professor Emeritus, University of Michigan, to provide the Delegates with additional background for the 2 days of discussion that were to follow.

In his address, Dr. McClusky, the author of the *Background and Issues Paper on Education and Aging*, established the gravity and scope of the need for education for aging. He mentioned recent developments in the structure of the American education system "which show substantial promise of superior achievement in education for aging."

Co-Chairman's Statement

The dominant theme of much of the discussion about older persons is essentially pessimistic in character. We do not have to wander very far to discover why this is so. In the first place, older persons are confronted with threats to their health that frequently occur with advancing years.

In the second place, the great majority of older persons are subject to substantial reductions in income without an equalizing decrease in their continuing need for financial resources. In the third place, retirement usually leads to a decline in position with a collateral reduction in status and influence affecting not only the retiree, but also many of those to whom he is significantly related.

In other words, great numbers of older persons are covertly, if not overtly, engaged in a running battle for survival, with their attention given primarily to devising strategies for recovering from actual losses, or strategies designed to circumvent anticipated losses, or both. It is not surprising, therefore, to discover that much of the discussion about older persons over the media, in conferences, and in the lay and professional literature is more likely to deal with the plight rather than the opportunities of persons in the later years.

But when we turn to education we find a more optimistic domain. In fact, education is itself essentially an affirmative enterprise. For instance, education for older persons is based on the assumption that it will lead to something better in the lives of those participating. It also proceeds on the collateral assumption that older persons are capable of a constructive response to educational stimulation. Thus, because of its faith in the learning ability of older persons and, because of its confidence in the improvement that results from learning, education, in contrast with other areas in the field of aging, can be invested with a climate of optimism which is highly attractive to those who may be involved in its operation.

From an educational viewpoint the impressive and distinguishing feature of our times is the fact that we are living in a "learning society." Within recent decades, and at an ever increasing rate, we have been arriving at a stage where learning has become an essential condition for participating and advancing in the world about us and equally mandatory for personal development. This new condition is largely the result of profound and accelerating change. In fact, change is now transforming all aspects of living for all people of all ages. This process has become so pervasive that in in order to cope with the dislocations, and take advantage of the opportunities which change produces, education must now be thought of as being as continuous as change itself and must also be programmed so that all persons, regardless of age, may take part in learning throughout the length of their years.

The implications of this new outlook for education as a whole can scarcely be exaggerated. Its implications for the education of older persons is especially far reaching and urgent. For in the case of the older person, change has a double and uniquely aggravating dimension. First, there is the change in the environing society. But second, there are changes in the life situation of the person as he grows older. Hence, for persons in the later years, change gives rise to a "double jeopardy." That is, the changes in the society surrounding the individual compound the readjustments induced by the age-related changes occurring within the individual. Thus, if education is to be relevant for the unique situation of the older person and, moreover, if it is to be effective, it must without compromise deal with the multiple impact of change inherent in the life stage which older people occupy. Such an encounter should generate an educational program markedly different from that associated with the "credential system" of formal education.

But, however inappropriate the standard instruction of the elementary and secondary schools might be for persons in their later years, the fact remains that older persons were once young and that the schooling they received in their childhood and youth constitutes a basic foundation for whatever learning they may pursue as adults. What then do the results of research show about the amount of schooling which the present generation of older persons have received in their earlier years?

The evidence indicates that the level of formal schooling attained by older persons is far below the national average for all portions of the population. One-fifth of persons over 65 are regarded as functionally illiterate; only one-third of those over 65 have continued beyond the eighth grade. In any random sample of the population, the oldest are the most poorly educated.

The situation becomes even more serious when we examine the probable quality and relevance of the instruction they received. For example, since they went to school from 60 to 80 or more years ago, it is plausible to expect that teachers then were less qualified than they are today, that instructional materials and facilities were less adequate than they are today, and that the subject matter they studied would today be regarded as clearly out of date.

The implications of this deficit might be eased if older persons compensate for their lack of schooling by taking part in activities designed specifically for their instruction. But, here again, the data give us little cause for celebration. For instance, research indicates that persons over 50 are underrepresented in adult educational activities and that the degree of underrepresentation increases with the advance in years. This is especially true for adult basic education where the need of older persons is greatest.

But is this low level of schooling and participation paralleled with an equally low level of mental ability? Is it possible that in this deficit of educational achievement we also have a deficit in the ability to achieve? The answer is an emphatic NO! Research presents no evidence that after a person enters his years of adulthood age, per se, is a barrier to learning. On the contrary, in many cases age may be an advantage in learning. Thus, we are on solid empirical grounds in saying that we can teach an old dog new tricks; in fact, there are probably some tricks an old dog can better learn!

The picture suggested so far by our discussion is a mixed one and not as optimistic as our introductory comments might lead us to expect. On the one hand, we find older persons gravely deficient in formal schooling and participating little in adult educational activities. On the other hand, we find older persons fully capable of learning, in a world of dramatic change when learning is so important and when the rewards of learning are potentially great. How can we more nearly match their need to learn with a better performance in learning?

The answer to this question probably lies somewhere in the realm of motivation. It is our hypothesis that, in general, older persons do not perceive education as having any relevance for their interests and needs. This point was repeatedly confirmed in the community discussion groups held throughout the country in preparation for the White House Conference meeting in Washington, D.C., during the period November 28 to December 2. Assuming this to be a valid assessment, what does it mean for the education of older persons?

In attempting to answer this question, we should be reminded that older persons apparently regard education as something separate and different from the programs of other service areas with which they are more familiar. There are health services, financial services, legal services, housing services, etc., and more or less as a postscript, there are educational services. Moreover, the educational image of older persons is based on the memory of the schooling they received in childhood and youth—an image that bears little resemblance to the urgencies of the situation in which they currently find themselves. It is not surprising that their typical response to any queries about education is often "Why do I need any more education? What can it do for me? It is too late for that," etc.

Such an attitude obviously imposes severe limitations on the potential of older persons to cope effectively with their survival needs, as well as their ability to increase the significance of their continuing development. Instead of thinking of education as a thing apart or as a decorative option, it should be regarded as a principal component of all the services designed to meet the necessities of living.

More specifically, education should play an important role in the production, maintenance and protection of health and income. It should also be a basic element in solving problems of housing, the use of legal services, in the adjustment to change of relationships in the family, community organizations, etc. In short, education should be regarded as a program category to which all other aspects of living in the later years should be related. In this sense, it would become an "umbrella" for working in and comprehending the field of aging as a whole.

But the full scope of the field is even more comprehensive than that suggested by our analogy of the "umbrella." In a more fundamental and generic sense, education for aging should be relevant for persons of all ages and not merely for those in the later years.

In order to clarify this point, let us first look at persons in the mainstream of productive adulthood. In at least two respects they have an important stake in education for aging. They need instruction about the problems and opportunities of living in the period beginning with age 65; first, because they will need to provide the favorable climate of support, acceptance and understanding in which programs for older persons may develop; and second, because they will need to begin to think constructively about retirement for themselves, preferably as early as age 45 and at least by age 55. Let us look at the second of the two preceding points in greater detail.

The basis for making a case for preretirement education is a sound one. An early introduction to the decisions that an adult will be compelled to make as he or she makes the transition from a working to a nonworking style of life will enable the individual to anticipate the hazards and the opportunities of the later years. By so doing, he will be able to regulate his performance in advance, so that when the hazards appear they will be defused and the opportunities exploited.

In a youth-oriented society, the problem of persuading a middle-aged person to admit that someday he, too, will be an older person and should therefore take some rational measures in anticipation thereof, often gives rise to difficulties of motivation which are extremely frustrating. But the need for developing procedures for resolving these difficulties is an additional and compelling argument for the relevance of thinking of education for aging, as applying not only to those in the years 65 and beyond, but also those who are not yet "older", but are irreversibly on their way to becoming so.

There is yet another respect in which education for aging is more than education for older persons. This is perhaps the most comprehensive of the categories we have proposed. We refer to education for life-long development. Education for older persons gives society a reason for looking at the complete life span as a whole. Technically speaking, aging begins with the beginning of life; while this fact may appear to be a far cry from the problems exacerbated by the survival needs of older persons, it reminds us that any point in one's total life line has a significance which is a product of both its past and future. In other words, a person has a relation to the time dimension of his life with which he must come to terms if he is to fulfill the promise of his potential.

At this point, the biological view of the life span as a rise for growth, a plateau for maintenance, and a decline for regression gives us only part of the picture. It is proposed here that a more complete picture may be derived from some of the developmental theories of personality. To illustrate, let us look at Erikson's theory of the maturing individual.

To summarize his position, he postulates that there are eight developmental stages from the beginning to the end of life. In infancy we begin with the achievement of trust; in early childhood we continue with the achievement, successively, of autonomy and initiative. In middle childhood we acquire the skills of industry and work; and in adolescence a sense of identity. Building on these five stages of childhood and youth, the first task of the adult is to develop a sense of intimacy; next, he must move into the stage of generativity; and finally, as a culmination to life-long development, he must achieve a sense of ego integrity. In other words, the Erikson formulation proposes a stage-by-stage progression toward fulfillment in maturity.[1]

There are risks in presenting such a comprehensive theory in such an abbreviated form. But we have done so in order to support the view that more than the current biological and psychometric picture of the life span is necessary in order to formulate a fundamental and comprehensive program of education for life-long fulfillment. In an optimal and operational sense, the last stages of life should be a guide for education in all the sequences and at all the stages leading thereto. To qualify as a complete and fundamental view, we must then regard education for older persons as designed not only to help them cope with the requirements for survival, but also by using expressive, contributive and influential activities to assist them in achieving their potential. In short, we are proposing that it takes a lifetime to develop a complete self. Education should aid in this process.

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[1] Elkind, David, "Erikson's Eight Stages of Man," *New York Times Magazine*, January 1970; and Erikson, E. H., *Childhood and Society*, Revised Edition, New York, W. W. Norton and Company.

As a postscript to the above discussion, let us return to our initial theme of education as an "accent on the positive." At this point we need to remind ourselves that education for older persons will realistically, and for the foreseeable future, constitute the principal part of education for aging and that, for immediate and operational purposes, the bulk of education for older persons will be devoted to helping them cope with threats to their survival and autonomy as well as insults to their integrity. But for more fundamental and ultimate purposes, society's stake in the education of older persons is that of helping them become a more effective resource for the improvement and enrichment of society itself.

In the context of this view, education for older persons is an investment by society in resource development. It is based on the assumption that older persons have experience and special assets which the society needs for the cultivation of its health and well-being. Society still lags gravely in recognizing the validity of this view. Its full acceptance and implementation with understanding is one of the major tasks of education.

Where will we find the agencies to develop the programs envisaged in the preceding discussion?

All agencies with education as a part-time or full-time objective should be regarded as potential contributors to education for aging. In the informal domain, we would include organizations of older persons, churches, synagogues, labor unions, farm and business organizations, civic associations, libraries, museums, community centers, etc. In the formal domain, we would include private and public schools from the kindergarten through post-graduate and professional education. Above all, we would welcome the realm of radio and television broadcasting with a sharp lookout for cable television that is just emerging.

In the case of all these agencies, education for aging should appear as an explicit and separate commitment in both statements of purpose and as a line item in budgets. It should not be allowed to become buried in the amorphous terrain of general funds, or lost in general expressions of pious intent. This point is particularly relevant at the Federal level. Nowhere does the Federal Government take specific and primary responsibility for leadership in the field of education for aging—neither in the Administration on Aging nor in the Office of Education. This deficit is a scandal and should be liquidated in the immediate future.

But, to complete this section on a more positive note, we should report two developments which show substantial promise of superior achievement in education for aging. One of these may be observed in the phenomenal growth of the community college. The basis for this optimism is contained in the fact that the new breed of community colleges is, by franchise and by budget allocations, designed to make community services and adult education a principal part of its overall program and to make these activities coordinate in status with that of the more traditional transfer programs of credit instruction. Already there is evidence that community colleges are beginning to take seriously their responsibility for providing educational services for elder persons. At this stage only a beginning has been made, but the potential of the community college to serve the elderly is there and could soon be realized.

Another promising development is the widespread development of the community school. Stimulated to a large extent by the example of the public schools of Flint, Michigan, and in part encouraged by subsidies from the Mott Foundation, the Flint type community school is being adopted as a part of the regular school system in all parts of the country. The essence of the community school idea is that of service to all people of all ages in terms of their needs and preferences, often as a result of their participation in program development. Apparently the community school is more responsive to the educational needs of older persons than the traditional K-12 institution. It is quite possible that the community school either alone, or in combination with the community college, will become the most feasible, responsive and certainly the most universal vehicle for providing educational services for older persons.

In conclusion, education for aging should have a much higher priority in the programs of the educational enterprise than it now has. It should be an instrument for helping deliver the services set up to meet the survival needs of older persons. It should also upgrade the talents of older persons as a resource in nurturing the well-being of society. It should aid in the progressive attainment by individuals of life-long fulfillment and, in so doing, constitute a principal part of the education of persons at all ages.

The opportunities for the development of attractive and highly functional programs of education for aging are unlimited. The exploitation of these opportunities will require new resources, commitment, and creative leadership.

Recommendations

Education is a basic right of all persons of all age groups. It is continuous and henceforth one of the ways of enabling older people to have a full and meaningful life, and as a means of helping them develop their potential as a resource for the betterment of society.

RECOMMENDATION I
Involvement of Special Populations in Program Planning

All issues and recommendations which will affect or serve linguistically/culturally different populations must enlist the necessary linguistically/culturally different qualified expertise in the development processes of such proposals, so as to insure that all programs designed for the elderly will result in maximum utilization and participation of the constituents in question.

RECOMMENDATION II
Education of Non-English Speaking Elderly

Particularly urgent are Federal, State, and local funds for bilingual/bicultural education to the non-English speaking elderly pertaining to instructions relating to the requirements of Federal, State, and local government agencies, i.e., gaining citizenship, applying for Social Security, housing applications, etc.

RECOMMENDATION III
Access to Educational Opportunities

Education for older persons should be conducted either apart from or integrated with other groups according to their specific needs and choices. Where feasible and desirable, the aged must be granted the opportunity to take advantage of existing programs with both old and young learning from each other. However, alternatives must be provided which emphasize the felt needs of the aged at their particular stage in the life cycle.

RECOMMENDATION IV
Expansion of Adult Educational Programs

The expansion of adult educational programs having a demonstrated record of success should receive higher priority with due consideration being given to experimental and innovative programs.

RECOMMENDATION V
Educational Opportunities for all Older Persons

Educational opportunities must be afforded all persons, with special efforts made to reach those who because of low income, poor health, social circumstances, or ethnic status are less likely to respond voluntarily. Outreach programs should use all appropriate channels and delivery systems.

RECOMMENDATION VI
Eliminating Barriers to Educational Services

For older persons to participate in educational programs, agencies, organizations, and government must provide incentives. These incentives should be aimed at eliminating specific barriers to the availability and accessibility of educational services for older persons including transportation, free attendance, subsistence, auditing privileges, relaxed admission requirements, flexible hours, convenient locations, subsidies to sponsors, and removal of legal barriers.

RECOMMENDATION VII

Public Libraries

A Community Learning Resource

Public libraries serve to support the cultural, informational and recreational aspirations of all residents at many community levels. Since older adults are increasingly advocating and participating in lifetime education, we recommend that the public library, because of its nearby neighborhood character, be strengthened and used as a primary community resource. Adequate and specific funding for this purpose must be forthcoming from all levels of government and, most important, from private philanthropy.

RECOMMENDATION VIII

Library Services

We recommend further that the Library Services and Construction Act be amended to include an additional title to provide library services for older persons.

RECOMMENDATION IX

Use of Leisure

Emphasis should be given at every level of education to implement and expand the expressed educational objective of "worthy use of leisure." Education must be directed toward an acceptance of the dignity and worth of non-work pursuits as well as development of leisure skills and appreciations.

RECOMMENDATION X

Allocation of Money and Manpower

Money and manpower for educational opportunities must have high priority throughout all services offered to older persons by any approved public or private agency, or organization, in order to assure continued, meaningful living.

RECOMMENDATION XI

Scope of Educational Opportunities

Educational opportunities must include basic, continuing, vocational education and training about needs for better use of services, cultural enrichment, and more successful adjustment to aging.

RECOMMENDATION XII

Public Support for Education

Public expenditures for education of older persons must be increased and directly related to the proportion of older persons within the population. These expenditures should relate to the needs articulated by all segments of the population of older persons, including rural and ethnic minorities, or by the organizations that represent older persons.

RECOMMENDATION XIII

Need as a Basis for Funding

Available facilities, manpower and funds must be used for educational programs designed and offered on the basis of the assessed needs and interests of older persons. The initiative may be taken by many sources, but the design and curriculum must include active participation by older persons.

RECOMMENDATION XIV

Funding Priority for Educational Programs

The Federal Government must consider the concerns of educational programs of older persons in a greater equity of allotment and on a higher priority basis when allocating funds for educational programs.

RECOMMENDATION XV

Elimination of Matching Funds

Where matching funds are required for Federal education programs aimed to assist older persons, it is recommended that the lifelong contributions toward building this country by the now elderly be considered as suitable compensation in lieu of "matching funds. "

RECOMMENDATION XVI

Education for Political Action

Education should place emphasis on instruction to help the older persons understand issues, procedures and action in regard to political processes to enable them to meet more effectively and quickly their special needs as individuals or as a group.

RECOMMENDATION XVII
Materials, Methods, and Curricula

Appropriate materials and methods about all aspects of aging must be developed and introduced in the curricula at all levels of education from preschool through higher education.

RECOMMENDATION XVIII
Toward a National Understanding of Aging

A national awareness campaign must be initiated through mass media and through educational systems to promote better understanding by society of the nature of the aging process, the needs and interests of older people, and the positive contributions and potentially untapped resources of older persons.

RECOMMENDATION XIX
Use of Educational Resources

All educational resources must be pressed into service for the needed leadership in the preparation and implementation of: (a) leadership training, (b) teacher training, (c) curricula, and (d) needs of the older persons in America.

RECOMMENDATION XX
Preretirement Education

Preretirement education programs must be established to help those approaching retirement age to achieve greater satisfaction and fulfillment in later years. Preretirement education must be the primary responsibility of the public education sector in cooperation with relevant community organizations in the areas of industry, labor, all levels of government, voluntary service and private associations.

RECOMMENDATION XXI
Inservice Education for Professionals

We urge that institutions of higher learning provide opportunities for special professional preparation of those who will and are working with older persons (law, medicine, social work, home economics, recreation, education, etc.). More attention must also be given to workshops, institutes, and inservice education for those who now work with older adults.

RECOMMENDATION XXII
Government Organization for Aging

To implement the educational policies growing out of the 1971 White House Conference on Aging, the Administration on Aging must be accorded status and financing appropriate to the task and must be made an independent agency within the Department of Health, Education, and Welfare as provided for in the Older Americans Act of 1965.

RECOMMENDATION XXIII
Division of Education for Aging in the Office of Education

Primary responsibility for the initiation, support and conduct of education programs for older persons must be vested in the existing educational system, Federal, State and local with the active participation and cooperation of specialized agencies. A Division of Education for Aging should be established in the Office of Education immediately, to initiate supportive educational services for the aging. Similarly, all State Departments of Education should designate full-time responsibility to key staff for the development and implementation of programs in education for aging.

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Space will permit listing of title and address only the first time a name appears

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SECTION ON
EMPLOYMENT AND RETIREMENT

INTRODUCTION

There were 337 Delegates named to the Section on Employment and Retirement. Information available for some 310 of them indicate that 36 percent were retired. Approximately one-sixth were members of one of the minority groups.

The Delegates to the Section on Employment and Retirement represented a wide array of groups, both public and private. Aged membership organizations were strongly represented as were religious, voluntary, State and local organizations with programs in such fields as manpower and training services, and retirement preparation and education. Participants with interests related to these matters included officials from farm, labor and business organizations, the latter two groups having also named persons specializing in pension and annuity plans. An equally diverse number of professional and technical personnel were represented. Among them were lawyers, physicians, educators, industrial economists and sociologists, legislative and executive officials, librarians, social workers, job placement and counseling officers, and consultants on aging.

In formulating its recommendations,[1] the Section on Employment and Retirement thus drew upon the knowledge and resourcefulness of a complex and sophisticated delegate body. Moreover, a large number of the Delegates were themselves retired and could speak first-hand of the employment and retirement problems faced by older persons. Their preferences guided the deliberations of the Section as did the desires and thinking conveyed by the State and local White House Conferences on Aging, the earlier Older Americans Forums, and National Organizations Task Forces.

Altogether, the Section approved 17 recommendations addressed in general toward ensuring older Americans a real choice between working as long as one can and will, or retiring on adequate income with opportunities to pursue other rewarding activities. Specific proposals cover such important areas as: the funding and operation of manpower programs, steps to eliminate age discrimination in employment, opportunities for public service employment, reforms of public and private pension plans and of the Social Security system, and the determination of responsibility for policies to provide employment for older workers or, alternatively, to prepare persons for a secure and meaningful retirement.

SECTION REPORT
Preamble

"Freedom, independence and the free exercise of individual initiative in planning and managing their own lives" was declared an objective for older Americans in the 1965 Older Americans Act. This includes freedom to choose in their later years between retiring on an adequate income or continuing in employment, full time or part time, if they are able to do so. This free choice however, is still denied to most older citizens, although the same Act included among other goals for them equal opportunity to enjoy:

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[1] This report of the recommendations of the Employment and Retirement Section follows, for the most part, the text printed in the blue-cover Conference Report distributed on the last day of the Conference. It does add, however, certain recommendations and statements that had been approved by the Section, but which were necessarily omitted from the earlier, shorter report because of limitations of time and space.

——Opportunity for employment with no discriminatory personnel practices because of age.

——Retirement in health, honor, dignity—after years of contribution to the economy.

——Adequate income in retirement in accordance with the American standard of living.[1]

Many barriers hamper older Americans in exercising this choice in alloting their time and talents and deprive our Nation of the highest use of their knowledge, skills, and potentialities. They include: compulsory retirement on reaching a particular birthday, regardless of their ability to work; lack of information and counseling on retirement problems and job opportunities; lack of placement and counseling personnel equipped to deal with their special problems; underrepresentation in education, training, rehabilitation, and other manpower programs; continuing discrimination in employment practices despite Federal and State legislation; and enforced retirement resulting from long unemployment as an increasing number of workers lose their jobs in their fifties when plant shutdowns or technological changes make their skills obsolete. This results in their being undercounted among the unemployed.[2]

The unemployment and underemployment of workers in the age group 45-65 seriously jeopardize their retirement prospects. For this reason, consideration of the present employment and future retirement problems of this age group, as well as those over 65, was included in arriving at our policy recommendations. These are offered in the hope that they will lead to actions that advance our Nation toward our long established goals relating to the employment and retirement of older Americans.

Employment of older workers is a vital part of our national problem of attaining full employment. Older workers are especially disadvantaged in competition for jobs in the labor market. Their problems cannot be met adequately at the State and local level or through the financial instrument of revenue sharing. Strong Federal leadership and financing are required.

Recommendations

RECOMMENDATION I

Earmarked Manpower Funds

The Nation's present manpower programs fail to take adequate account of the unemployment problems of older people. Experience proves that adequate funds must be earmarked to improve employment opportunities for older workers.

In order to achieve a more equitable distribution of services to all age groups, Federal, State and local manpower programs should expand their services and provide more job recruitment, training, counseling, and placement services for older workers.

It is imperative that adequate funds based on population ratio, needs, and special circumstances be earmarked for special employment programs for older people. Aggressive efforts should be made to monitor effectively the use of such earmarked funds.

RECOMMENDATION II

Steps to End Age Discrimination

We now have legislation designed to eliminate discrimination in employment on account of age. But there is question as to whether this legislation is vigorously enforced and as to whether further efforts are needed to expand employment opportunities for older workers.[3]

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[1] For these three goals and the opening paragraph there were substituted in the shorter report the following lines: "Our long established goal in employment and retirement policy is to create a climate of free choice between continuing in employment as long as one wishes and is able, or retiring on adequate income with opportunities for meaningful activities."

[2] This sentence was cut from the Introduction to the short section report with the understanding that it would be included here in the final report.

[3] This paragraph is a fuller version of that presented in the short report, which reads: "We now have legislation designed to eliminate age discrimination in employment, but more vigorous enforcement is needed."

Federal, State, and local governments should strictly enforce protective and antidiscriminatory laws and policies regarding employment opportunities, with the elimination of the age limit of 65 in age discrimination legislation. The Age Discrimination Act of 1967 should be expanded to cover all employees in both private and public sectors.

There should be a governmentally-sponsored public relations and educational effort designed to induce employers voluntarily to hire more older workers.[1]

RECOMMENDATION III

Public Service Employment

Even improved manpower policies may not result in adequate opportunities for those persons willing and able to work. State and local governments are hard pressed to finance the public services that are so badly needed by our communities today and that are so appropriate for the employment of older people.

It is the responsibility of the government to assume the role of "employer of last resort" to provide meaningful and socially needed employment opportunities for those older workers willing and able to work, if all other programs fail to produce such results.

A minority favored expanded and innovative programs to meet employment needs of older persons, but questioned the concept of government serving as "employer of last resort."

RECOMMENDATION IV

Flexible Retirement Age

Our society presently equates employability with chronological age rather than with ability to perform the job.

Chronological age should not be the sole criterion for retirement. A flexible policy should be adopted based upon the worker's desires and needs and upon his physical and mental capacity. Policies and programs that provide employment opportunities after age 65 must be made available.

Realistic opportunities for retirement earlier than age 65 must be provided. Employers should be encouraged to adopt flexible policies, such as gradual or trial retirement.

RECOMMENDATION V

Policies to Protect Older Workers

Existing policies fail to protect the worker who is forced to retire prematurely or who is unprotected by a pension plan.

New national policies and publicly and privately supported programs are needed to help workers who are forced to retire before the normal retirement age because of health problems, or job displacement caused by technological changes, or jobs requiring early-age retirement. New programs should be vested generally in existing agencies that have responsibility for dealing with these problems.

There should be created a continuously funded program by the Federal Government especially designed to maintain economic security for middle-aged and older workers during their period of transition from prematurely forced disemployment into suitable employment or retirement. During this period, a major objective would be to retrain and educate the disemployed to assure reemployability, or to assist in mobilizing resources to assure a meaningful retirement.

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[1] The Section on Employment and Retirement agreed that the following proposals be included with Recommendation II. Time limitations, however, precluded a formal vote on any of these matters. The recommendations are reproduced here exactly as they were reported to the Section.

—Recommend that chronological age discrimination in hiring be made as illegal as age discrimination in hiring. Further recommend that the Federal Government take the initiative and set a national example by promoting the employment of older persons and eliminating mandatory retirement provisions based solely on an age criterion.

—Employers who have Federal, State, or local government contracts should be required to implement affirmative action programs and/or quota system to assure the hiring of older workers—in addition to strict enforcement of existing laws and policies regarding employment opportunities to induce other (non-contract) employers to hire more workers.

—Recommend that the Child Care Centers to be created nationwide be preferentially staffed by adequately trained elderly persons, (referring to earlier discrimination, it need be) by declaring such job opportunities a special reserve for the elderly. Furthermore, that such child care facilities be incorporated where practical as adjuncts to senior centers, in order to counteract the present segregation and inward orientation of these centers and attempt, instead, to involve the aged members, through visual contact and proximity, in the laughter and activities of little children as well as in the workday problems of their young parents.

—Recommend that "Employ the Older Worker Week" be moved from the month of May to September and that it become a true community effort.

—Involuntary unemployment is not an acceptable condition of the American way of life.

All workers should be guaranteed a retirement income adequate to maintain a decent standard of living above the poverty level. Legislation must be enacted as soon as possible requiring early vesting, adequate funding and portability of pensions and to provide for Federal insurance pensions.

RECOMMENDATION VI
Preretirement Preparation

Too many individuals fail to plan for retirement or plan too late. Preretirement education and counseling should be provided locally throughout the nation by trained instructors, starting at least five years before normal retirement age. Information on problems and opportunities involved in retirement should be included in family living and other pertinent courses at all educational levels.

Government at all levels, employers, unions, and educational institutions (especially through adult education agencies and the use of television) should encourage and promote preretirement counseling by trained instructors. Special courses for those nearing retirement are urgently needed.

RECOMMENDATION VII
Retirement Test

The earnings test that results in withholding of Social Security benefits constitutes a financial hardship for older people.

The Retirement Test should allow persons to receive Social Security benefits without reduction up to the point where the total of Social Security plus earnings equals $5,000 a year. In no case should benefits be reduced for persons earning under $1,680.

RECOMMENDATION VIII
Increasing Social Security

An immediate 25 percent increase in Social Security benefits was recommended with a $150 minimum per month, to be financed, in part, by general revenue.[1]

RECOMMENDATION IX
Government Organization for Aging

A major overriding problem connected with the administration of employment and retirement policies is the lack of fixed responsibility by any single agency and lack of coordination by any single agency. The President should establish an Office on Aging within his Executive Office by Executive Order until Congress amends the Older Americans Act of 1965 to create a Department of Aging at cabinet level status. In addition, there shall be appointed an Assistant Secretary of Labor for Older Workers until a Department of Aging is established.[2]

RECOMMENDATION X
A National Pension Commission

A national pension commission with a governing board of management, labor, and public representatives should be established to study ways of encouraging the expansion and the improvement of private and public pension plans with particular reference to: flexible retirement ages, liberal (early) vesting and portability, adequate funding, more general coverage, job redesign, and Federal insurance of pensions.[3]

RECOMMENDATION XI
A National "Job Bank"

A national "job bank" should be computerized by the Department of Labor to meet employer requirements. The "job bank" now being computerized should include job opportunities for retirees (including those in rural and small communities) who should be encouraged to register with the U.S. Employment Service.

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[1] This recommendation appeared in the short report without the provision for general revenue financing of part of the cost of Social Security benefits.

[2] This recommendation appeared in the short report without the additional proposal calling for an Assistant Secretary of Labor for Older Workers.

[3] A somewhat altered version of this recommendation was printed as part of the shorter report, namely: "A National Pension Commission with a governing board of management, labor and public representatives should be established to encourage the expansion and the improvement of pension plans with particular reference to: flexible retirement ages, liberal (early) vesting and portability, adequate funding, more general coverage, and job redesign."

RECOMMENDATION XII
Work Related Centers for Older People

The Federal Government shall develop a program for, and provide financing for, the establishment of local centers for the purpose of locating and bringing together older persons and potential employers on both fulltime and parttime basis. Federal funds will be channeled through the various State administrations on aging which will be responsible for approving applications for the establishment and financing of such centers by public and private agencies, and the supervision of their operation.

For the dual purpose of promoting job opportunities for elderly workers and meeting a crucial need for help in the private homes of other elderly persons, Federal funding for employment programs through public or voluntary agencies should offer counseling, training, and placement for "companions for elderly persons living in private homes."[1]

RECOMMENDATION XIII
Mariana Islands

For the Mariana Islands a study should be made of the aged and how to alleviate their problems, especially of employment. A vocational instructor in a workshop to train older persons in nature crafts for sale to tourists is needed.

RECOMMENDATION XIV
Portable Pension Plan

For all minorities, rural residents, migrants, and employees of small business, Congress should enact a compulsory, universal and national portable pension plan administered through Social Security, (with tax advantages for the employer and the self-employed) to provide for those not normally covered by other pension plans.

RECOMMENDATION XV
Pension Programs with Counseling

Employers should be required to supplement pension or retirement income plans with retirement counseling programs, such as counseling programs to be submitted to the Internal Revenue Service at the time the pension program is submitted. Both program content and costs for counseling programs would be a part of the total pension package that requires the approval of the Internal Revenue Service.[2]

RECOMMENDATION XVI
Tax Incentives and Exemptions and Retirement Plans

It is recommended that the Federal Government and particularly the President encourage and support legislation which would exempt from current Federal taxation, employee contributions to retirement funds, and provide increased tax incentives to employers (particularly small employers) to establish and maintain adequate retirement plans.

RECOMMENDATION XVII
Quadrennial White House Conferences on Aging

It is recommended that each of the 50 States hold a White House Conference on Aging at least every four years in their respective States. It is further recommended that a White House Conference on Aging be held in Washington, D.C. every four years, 18 months before Presidential elections, so that senior citizens can make each President accountable for senior citizens' programs. It is further recommended that funds for the White House Conference on Aging come from Federal general revenue funds.

SECTION LEADERSHIP

Space will permit listing of title and address only the first time a name appears.

The Technical Committee for Employment and Retirement

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[1] This second paragraph was approved as a companion recommendation to that presented in the first paragraph, which had been adopted earlier by the Section and which appears alone in the short report.

[2] Recommendations XV, XVI, and XVII were not included in the short report because of space limitations.

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SECTION ON
PHYSICAL AND MENTAL HEALTH

"Compulsory health care inevitably results in poor quality health care."

SECTION ON HEALTH AND MEDICAL CARE, 1961 WHITE HOUSE CONFERENCE ON AGING

"It is distressing to be told . . . that the quality of care the individual physician renders will be influenced by the source of payment. We do not believe this is so."

MINORITY REPORT, SECTION ON HEALTH AND MEDICAL CARE, 1961 WHITE HOUSE CONFERENCE ON AGING

INTRODUCTION

The report of the first (1961) White House Conference on Aging, *The Nation and Its Older People,* clearly reveals the debate at that meeting which raged over the provision and financing of health care to the elderly.

Now, ten years later, it is possible to point to demonstrable outcomes of that debate, namely the evolution of vast change in the whole realm of health care and public policy. At the same time, however, long-recognized deficiencies in the traditional system of health care remain. And, programs adopted to make the system more responsive to the circumstances of those most disadvantaged within it—the elderly and the poor—fashioned in controversy, remain under intense critical review. Medicare and Medicaid, recognized for their strengths, are equally noted for their deficiencies. Attention is now being focused on the adoption of a comprehensive national health plan, but there is concern about the alterations its adoption might bring about in the quality and delivery of health services to the elderly.

Over 480 Delegates to the 1971 White House Conference on Aging were named to participate in the deliberations of the Section on Physical and Mental Health, the largest of any of the 14 Conference Sections. Among the Section participants were over 100 physicians, including specialists in such areas as geriatrics and psychiatry; over 50 association executives working in health, social welfare, and related fields, including the insurance industry; over 35 administrators of hospitals, extended-care facilities, nursing homes, mental health clinics and outpatient centers, or other such health facilities. Nurses, optometrists, podiatrists, psychologists, pharmacists and rehabilitation workers serving the blind, the deaf, and other physically disabled, were members of the Section. So, too, were researchers and professors of medicine, nursing, sociology, health care administration, and persons serving within health and welfare agencies at local and State levels.

By virtue of their age, over 13 percent of the Section body could speak directly to the various health services still out of reach for a large share of elderly persons, largely because of costs, lack of facilities, and the fragmentation of health care delivery systems.

In offering nine major proposals, these Delegates, sensitive to what has passed and what remains to be done, addressed such topics as: the need for separate health services for the elderly; the coordination and delivery of health services; Medicare, Medicaid, and the alternatives offered through adoption of a national health insurance program; a national program of education about specific health changes and diseases associated with aging; the adequacy of the supply and training of health manpower; and the balance to be achieved among expenditures for research, training, and services.

SECTION REPORT

Convened in an initial orientation session, Delegates to the Section on Physical and Mental Health heard Co-chairman Edward J. Lorenze set forth the parameters for the work of the Section and its Subsections over the course of the next several days. At the request of presiding Co-chairman James G. Haughton, Dr. Lorenze offered his remarks highlighting the topical areas which would likely be a major concern to the Delegates in their deliberations.

Co-Chairman's Statement

It gives me great pleasure to welcome the Delegates to the Physical and Mental Health Section of the 1971 White House Conference on Aging. As you may know, you number over 400 delegates and constitute the largest Section of the Conference. This fact, as well as the responses in the State and regional White House Conferences, indicates that health care in its broad aspects, including both physical and mental health, continues to be a major concern of the American people.

This concern is not limited to those at or near the arbitrary age of 65 years, but involves the entire population. This concern continues for the elderly, despite the fact that since the 1961 White House Conference on Aging, major public policy decisions have been made in regard to the Title XVIII and Title XIX programs of Medicare and Medicaid which have profoundly affected the delivery of health care services to the elderly for the better. Indeed, among some, it has been felt that programs for the payment of health services have made those over 65 a privileged group. Progress has been made, but much remains to be accomplished.

The issues which were developed by the Technical Committee on Health, which I had the honor to chair, were developed to stimulate discussion in a number of broad areas concerning the delivery of quality health services. They were designed not to limit the areas to be considered, but to provoke discussion and difference of opinion and recommendations from a broad segment of the population, involving the consumer, the deliverers of health services, laymen and professionals, individuals and national organizations with a particular concern in this area. The issue questions have been discussed at the White House Conferences of the several States and by local conferences within the States, as well as by the national organizations.

The program recommendations which have come out of these deliberations have been tabulated and integrated, and appear in your Work Books under each of the issue questions. Thus, the Work Book contains the results of national discussion. The issue questions and the recommendations of these groups, plus your own contributions, are the subject matter for this Conference which we are about to begin.

You will be divided up into 13 groups, each of which will consider all the health and mental health issues, and determine the recommendations which you feel appropriate. We anticipate that the recommendations coming from this process will provide guidelines which are an expression of the will and the wisdom of people on all levels, and from which will be developed a blueprint which will have profound effect upon the health care delivery system and the quality of care which will be provided.

As I have thought over the issues and possible recommendations, the following areas seem to me to be of major concern in your deliberations.

1. A recognition of the fact that, while many health services are provided to the older segment of the population, obvious gaps and deficiencies exist. The identification of these gaps and inconsistencies will be a major concern. It should be recognized that a coordinated system of comprehensive health services is the objective, not inde-

pendent and fragmented services without provision for continuity of care.

2. The goal of comprehensve health services is difficult to achieve without a coordinated system for a variety of reasons, incuding ignorance of one's needs, financial or geographical considerations which limit access to services which are available, lack of facilities and personnel to deliver the services. The quality of care provided will also be dependent upon the supply of manpower and the ever improving results of research. We should be aware that the product the delivery system brings to us must be a continually improving one. The medical care of 1900 is not the medical care of 1970 and the medical care of 1970 will not be the care of 1980. The necessity for continued research to improve the product is self-evident. We might be able to get along with the 1930 automobile, but no one would accept the quality of medical care of 1930, which was then available to the most privileged in our society.

3. The elderly, despite gains in the area of Federal programs for payment of health services, continue to require special attention to their needs because of their particular social and economic vulnerability, as well as the fact that in the older age group, the incidence of disease, disability and need for health care services of all kinds is so great. We must examine the special needs within this group of those who are impoverished and those who, because of racial and ethnic origin, have been particularly isolated from the main stream of the existing health care delivery system. The rural and urban ghetto areas, particularly, have had limited resources in terms of facilities and personnel needed to meet their health care requirements. The distribution of these services must be reconsidered and new and innovative ways must be developed to provide for them. The role of regional health facility planning and, indeed, health personnel distribution, must be developed and expanded on a national basis if the goal of comprehensive health care is to be achieved. This must include provisions for health education and preventive services, diagnostic and therapeutic services, rehabilitative services and programs for long-term care with alternate methods to institutional care.

4. Consideration must be given to the fact that, while the achievement of these services for the elderly is our immediate and primary concern, in a larger sense we recognize that such a program must be available to all of our people, whatever the age. It is not conceivable that a system of this kind can be developed for the elderly to the neglect of other age groups. Our network of facilities, including physicians' offices, health care centers, clinics, hospitals, rehabilitation centers, long-term care facilities and home care programs, must all be of high quality in providing both for the old and the young. It would be difficult to conceive that separate facilities, such as general hospitals, would be developed only for the elderly, but should continue to provide for all age groups. However, it may be some time until such a system becomes an actuality and the aged might well be considered a trial group for which this type of comprehensive health care program could be worked out, and would provide the experimental basis on which developments for the other segments of the population would come about.

5. A variety of national health care plans have been suggested. These have primarily dealt with financing of such care for our population. Probably nothing that could be considered a truly satisfactory comprehensive health care system has been outlined, nor have the details been spelled out. It may well be that it will be a considerable time before a comprehensive program for a national health plan will be developed.

In our deliberations, we must stress the nature of the program that we would like to see developed. We should take care that our recommendations do not work adversely to the interest of the elderly or that gains which have already been made are lost. The attitudes toward the deficiencies in Medicare and Medicaid should be reviewed in the light of expanding the legislation and financing and not provide the opportunity for cutbacks and limitation.

6. We must remember that in this country we do have a system of delivery of health care services which, although failing to meet all of the needs of all of the people all of the time, has, nevertheless, provided tremendously effective service to a large population. It is the imperfec-

tions in this system which we are stressing, but one would have difficulty in finding examples of countries which have provided a quality of care on the scale which we have achieved. We want improvement, but we should not be ashamed or apologetic of the achievements to date.

7. There are many States in this country where the provisions under Medicaid have been quite broad for the elderly. The question to be examined is why there are inequalities in the level of services provided across the Nation, and would bring us to ask why the quality of care and extent of services covered should not be national in scope and not vary from State to State. It would appear only right that the minimal standards of care acceptable should be national in scope and provision. Likewise, regional planning for health facilities and services should have a similar national scope as should the regulations and supervision of these services, so that the amount and quality would not vary from one area of the country to another.

8. Another matter to be considered is whether access to comprehensive health services should be a matter of right to all elderly people, regardless of ability to pay. A major criticism of the Medicaid program, even in the States in which a broad spectrum of services are available, is the fact that it is not a right available to all elderly persons but is based on a means test. The Medicare program and the services provided by it are a matter of right and not limited by economic need. These are financial and philosophical questions which will require considerable thought before satisfactory solutions are determined. One would have to consider whether health care, like public education, is a basic ingredient to the continuation of a successful free society such as we have developed.

9. I would particularly stress that we not lose sight of the problems in mental health. There are many who feel that lip service is given to this area, but that it is frequently then overlooked. It is clear that our concern is with the total health needs of the individual and that the physical and mental aspects cannot be separated in our program development, just as they cannot be separated in the individual human being.

In conclusion, we are embarked on a voyage of major importance. The policy recommendations which you will develop will, undoubtedly, have profound effects on the course which our society will follow in the next ten years. I am sure that changes will occur between this and the next White House Conference on Aging which will far surpass the changes which have occurred since the Conference of 1961. I wish you well in your deliberations and I feel secure that you will provide clear guidance to those who will be charged with the development of the health care system of the future.

Preamble

We, the Delegates to the Physical and Mental Health Section of the 1971 White House Conference on Aging, assert that the United States of America must guarantee to all its older people health care as a basic right and a quality of life consistent with that in which our Nation should assure to this group who have made invaluable contributions to its development. In order to assure that quality of life, a basic requirement is the availability of a comprehensive system of appropriate health care.

A comprehensive system of appropriate health care requires that full spectrum of presently known services be readily accessible. These must be of high quality and be delivered in the appropriate setting and at the appropriate time, with concern for the dignity and choice of the individual, and within a framework which guarantees coordination among the various levels of care, continuity of care over time, and the efficiency and effectiveness which will assure supportable costs.

To be comprehensive and systematic, this health care must provide:

a. Assessment of health
b. Education to preserve health
c. Appropriate preventive and outreach services
d. All physical, mental, social, and supportive services necessary to maintain or restore health
e. Rehabilitation
f. Maintenance and long-term care when disability occurs

To be specifically responsive to the needs of the elderly, special attention must be given to the availability and quality of long-term care and to the development of adequate, appropriate alternatives to institutional care.

Community and consumer participation in the planning and delivery of such a system of services will tend to assure the responsiveness of the system to locally defined community need and the appropriate use of health manpower, facilities and financing.

The Health Section recognizes that although the aged represent a minority, within this minority there are special problems experienced by racial and ethnic groups. Within the special concern expressed for the problems of the aged, particular attention must be accorded to make sure that these minorities are not doubly jeopardized.

In support of these basic premises the Physical and Mental Health Section submits the following policy proposals.

Recommendations

RECOMMENDATION I
Special Health Care

Health care for the aging must be provided as an integral part of a coordinated system that provides comprehensive health services to the total population, but immediate and special consideration and emphasis must be given to the problems of, and services for, the aging.

RECOMMENDATION II
Coordinated Health Services Delivery System

A coordinated delivery system for comprehensive health services must be developed, legislated, and financed to ensure continuity of both short- and long-term care for the aged.

RECOMMENDATION III
National Health Insurance and Medicare

A comprehensive health care plan for all persons should be legislated and financed through a national health plan. Pending the achievement of such a national health plan, the complete range of health care services for the elderly must be provided by expanding the legislation and financing of Medicare.[1] Such expanded financing should be accomplished by means of a combination of Social Security trust funds with a greatly expanded use of general revenues. Such expansion of Medicare should include elimination of deductibles, co-insurance and co-payment, and all provisions discriminatory to the mentally ill, as well as the establishment of congruent ages for Medicare and Social Security benefit eligibility. Both the immediate expansion of the current program and a future national health plan should provide for a public-private partnership in the delivery of services and for Federal financing and quality controls in order to assure uniform benefits and uniform application of the standards of quality. Centralized responsibility for standards and controls over health facilities and services must be combined with protection, for the patient and provider, from arbitrary, capricious, and varied application and interpretation of existing as well as new standards.

> ***Minority Recommendation***
> The fiscal aspects of the Medicare program should be administered by the Federal government rather than by the private insurance carriers as intermediaries.

RECOMMENDATION IV
Health Education for All Ages

A continuing national program for education of all persons should be provided about the specific physical, mental, and social aspects of aging. Educational programs should be addressed to all ages and should include all stages of development so that the different age groups will better understand each other. Information on all aspects of aging should be included in educational courses at all levels. The aged themselves should be among those recruited, trained, and utilized in carrying out these programs.

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[1] A minority opposed the Section's action eliminating the combination of Medicare and Medicaid expansion (through legislation and financing) as an alternative to the expansion of Medicare alone in order to achieve a comprehensive health care plan.

RECOMMENDATION V
Training in Aging for Health Manpower

Emphasis should be placed on including curricula or course contents on physical, mental and social aspects of aging in secondary schools, undergraduate professional education, and in inservice training and continuing education of health personnel. The development of specialists in the care of the elderly should also receive emphasis, especially with the view of developing professional, allied health professional, and other health personnel selected and trained to give compassionate and expert care to the aged. Funds must be provided to ensure the development of such programs as well as increase the supply of health manpower of all kinds.

RECOMMENDATION VI
Funding for Research, Service, and Education

The aging will best be served if available funds are divided among service, research, and education. Emphasis should be placed on funding of direct services but not to the exclusion of research and education, which should receive a reasonable proportion of total resources available. Research findings now available should be assembled, coordinated, and incorporated into service programs.

Specific attention should be given to increasing the funds available for basic research and for operational research with a strong suggestion that a gerontological institute be established within the National Institutes of Health to provide the essential coordination of training and research activities.

RECOMMENDATION VII
National Mental Health Center for Aging

A center for aging should be established in the National Institute of Mental Health to meet the responsibilities for more research and training in the field of mental health of the elderly.

RECOMMENDATION VIII
Presidential Commission on Aging

The President and Congress should authorize the appointment of a commission on aging, including a committee on mental health of the elderly, comprised of representatives from concerned Federal agencies, national organizations, Congress, and the Judiciary, and private citizens to study, evaluate, and recommend a comprehensive set of policies for the Federal government, the several States, and local communities to pursue in this vital area.

RECOMMENDATION IX
Protection of Individual Rights

Congress should appoint a nationwide interdisciplinary committee to determine the scope and type of intervention procedures and protective services that would clearly protect the rights of the individual with health, mental health, and emotional problems requiring care. The rights of his immediate family and other close associates should be considered. This committee should include representatives of the religious, civil rights, civil liberties, legal, health and social services communities. Congress should appropriate sufficient funds to assure an indepth study of all aspects of the individual's rights in relation to his needs for health services and the administration of his affairs until he can resume responsibility.[1]

Intervention procedures and protective services also should assure for elderly individuals their rights of self-determination in their use of health facilities and services.

In order to promote and encourage the establishment of ombudsman services, the nationwide interdisciplinary committee, or other suitable means, should be used to study and define the functions and roles of ombudsmen as separate and distinct, conceptually and in practice, from other protective services and from consumer participation in health and other matters affecting the elderly. Subsequent promotion of ombudsman services should include financial support for their activities, as well as programs to assure that their functions and findings are given full visibility at local, State, and national levels, and in both the public and private sectors.[2]

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[1] A minority requested the Section to substitute the words "physical and mental health" for the amended word "health".

[2] A minority requested the Section to eliminate the last paragraph referring to ombudsman services.

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SECTION ON HOUSING

INTRODUCTION

There were 382 Delegates named to the Housing Section. Some 327 of these filled out an advanced registration form, and of these, 25 percent indicated that they were already retired. Approximately a fifth of the registrants of the Section were members of one of the minority groups.

The various professional and technical groups concerned with different aspects of housing the elderly were represented by highly experienced persons. The most numerous of these were administrators of old-age or retirement homes. Others were public housing authorities and directors, architects, builders, realtors, legislators, model cities personnel, bankers and brokers, nursing home administrators, housing planners and consultants.

Interested organizations were also strongly represented. Among them were unions, religious groups, associations of homes for the aged, cooperatives, nursing homes, boarding homes, and resident care homes. Delegates who were providers of services related to housing included dietitians, social workers, physicians and nurses, religious leaders, and environmental planners.

The recommendations produced by this complex and sophisticated group of Delegates, guided by the preferences expressed by the older people among them, reflect the desires and thinking initiated in the State and local White House Conferences on Aging, the earlier Older American Forums, and National Organization Task Forces.

Altogether, the Section approved 25 recommendations addressed to such critical policy questions as the funding of elderly housing, eligibility for occupancy of publicly assisted housing, types of housing needed to meet the diversified and changing needs of aging persons, financial aid programs for homeowners and renters, standards, and research and manpower needs to insure quality of facilities and of their management.

Within these recommendations will be found policy guidelines for feasible action in the area of housing which, if implemented at national, State and local levels, by public and private resources, will not only increase the quantity of housing available to older people, but concomitantly will improve the quality of their lives.

SECTION REPORT

The object of the first meeting of the Section was to provide an orientation for the two days of Subsection discussions and formulation of recommendations which were to follow. For this purpose, Co-chairman Noverre Musson was requested by the presiding Co-chairman, Abraham J. Isserman, to present a statement on the significance of housing to the elderly and society.

Co-Chairman's Statement

Our three days' work in this Section is to deal with the question of housing for older Americans and we must attempt to do it in the broadest, most comprehensive sense. Now it will be very easy in our deliberations to drift into discussions of tangential subjects which seem to be important to housing, such as income, transportation, and the like. This we must not do. There are 13 other large sections besides ours, each assigned to a subject such as Nutrition, Health, Services, Employment, etc., including Income. Our job is to stick specifically to the subject of housing—but, as I said, in its broadest connotation.

I believe that if we are able to spell out perceptively the full meaning of housing to older people, we will find it to be a framework for discussing many of their other problems, and a foundation from which to attack them.

I have long maintained that if we were to solve for our society the problem of housing—in its broadest significance—we would go a long way toward solving most of the other problems of our people. And there is no one for whom this is more true than the elderly. But to do so we must understand fully all that housing includes.

What does housing mean to the elderly? Aside from his spouse, housing is probably the single most important element in the life of an older person. This can be good; it can be bad. Most of his satisfactions are house oriented. He spends more time in his home than almost anyone else over the age of five. And just as more and more of his satisfactions are bound up in his sense of home, so more and more of his problems are house generated.

Let me spell out for you some of my thoughts on the significance of housing to older people. Housing, to be good, must deal with the individual's need for independence, his need for security, for identity, for well-being: If we are going to ask this measure of capability of housing, we are asking for considerably more than shelter, good temperature controls, and a safe bathtub. We are talking, as a matter of fact, about aesthetics, economics, community planning, city administration, the structuring of a neighborhood, and the character of a community.

For example, if we put housing together so as to deal with the need for independence on the part of the elderly, we begin at once to confront the question of economics. To maintain a measure of independence the elderly must have housing they can afford. Housing should take its fair share of their income, but not all of it. So if we can say what that housing will cost, then we begin to have a measure of total minimum income to maintain a decent existence. Thus without our needing here to spell anything out in dollars and cents, the whole equation becomes apparent and measurable when stated this way. If we consider housing an important structuring mechanism for satisfying the need for independence, then we can also begin to spell out what kind it should be, how it should be designed, and where it should be located.

To be good, housing must face squarely the question of security. How can one have any feeling of security if he dare not go out on the street—which can be just as much a matter of how his housing relates to the onslaught of traffic as a matter of purse-snatching. Security is as much a matter of how one gets from his bedroom to his bathroom in the night, as whether his home is one-story or two. It is a matter of how accessible counseling and good advice are, or how available help is for yard work and housework, as how far one lives from the nearest hospital.

I said housing was an important factor in a person's sense of identity, his evaluation of his own personal worth. If housing is to be a positive factor in self-identity, then the person must have a choice of environments and having made a choice it must be an environment he can take satisfaction in and be proud of. Freedom to make one's own decisions is important to self-evaluation.

Identity can be jeopardized when a person falls on loneliness. Fear of being left out, fear of being neglected, forgotten, do more damage than most of the more diagnosable ailments of the elderly, if in fact not inducing them. Housing can help solve the problem of loneliness, or it can aggravate it. Housing which isolates the older person from family, friends, church, entertainment, the golden age center, or the neighborhood pub is bad housing. Even TV—that fantasy substitute for companionship—is better if shared with someone else.

Independence, security, a sense of personal identity go hand-in-hand with personal well-being. It is greatly enhanced if housing is comfortable, convenient, and considered attractive inside and out. It helps a great deal if rooms are big enough to house your possessions and you can still get around in them, and if the house is not so large that housekeeping is a burden; if the yard is attractive, yet manageable. It helps immeasurably if shops, a supermarket, a bank, and a post office are minutes away. To be able to walk to the library, a restaurant, a movie house, a drug store, or a health clinic would be greatly sustaining to many older people. To have good public transportation at your door would stimulate activity. To have an active, welcoming church in the next block would supply a whole gamut of satisfactions.

So you see why I say when I talk about housing I am talking about a lot more than buildings. I am talking about aesthetics and about how doorknobs work; about society's responsibilities to the elderly and about the values it can find in them; about a workable house plan and about how neighborhoods and cities are put together. This is what I mean by housing in the largest sense and to be satisfied with part of the package and not the whole is to settle for something less than housing.

So what is to be done?

In general:

First, we must develop this overall view of what the housing needs of the elderly—all elderly—are. We must not concentrate on one segment of the elderly population and be blind to others. We must spell out the basic human needs of all elderly. And then we can identify what elements are missing and where. We must delineate the whole picture.

Next we must take a look at what has been done and test it against our criteria for the total need. This will show up the gaps, and perhaps indicate how they can be filled, and by whom.

Then we must let whoever that is know about it.

We must take a look at how existing programs for housing have been constructed. I think we will find that up to now programs have been conceived and put together to fit the convenience and procedures of specific existing agencies and administrative jurisdictions. Let us now insist that programs be put together to fit the people they will serve, be designed for he people who need them, rather than the people who will administer them.

At the Federal level:

Many departments and agencies have programs now. In many cases they overlap; they leave big gaps; they are too narrow and specialized. We must urge that these programs be reorganized around the people's needs, across administrative boundaries, and expanded to fill the present deficiencies.

At the State and county level:

Funding programs must be developed.

Tax inequities must be eliminated.

Reluctant communities must be prodded.

Local jurisdictions must be educated to their responsibilities. They must be encouraged and enabled to shoulder these responsibilities willingly.

At the local community level:

The needs must be documented.

Housing sponsors must be found, aided, and inspired to act

Services must be inventoried.

Agencies and volunteer organizations must be helped to cooperate and to innovate where needs are not being met.

Local responsibilities must be recognized as well as those that are State and Federal.

In summary:

We must reveal the whole picture; we must tell the whole need; and we must not be content to discuss half-measures or be put off with crumbs from the table—such as reduced-rate movies, reduced bus fare, reduced real estate taxes for elderly homeowners, but no help for elderly renters.

Good housing is primary to the good life. Aspiring to the good life for our people will be fruitless unless the full significance of housing is understood. And there is no part of the population that would benefit more from a comprehensive, fully knowledgeable attack on the present deficiencies of housing than the elderly. It could remake their lives and remake our society.

Preamble

A national policy on housing for the elderly worthy of this Nation must enjoy a high priority and must embrace not only shelter, but needed services of quality that extend the span of independent living in comfort and dignity, in and outside of institutions, as a right wherever the elderly live or choose to live.

Of particular concern and priority are the poor, the minority groups, the disabled, and the aged located in isolated rural areas.

Availability of housing in great variety is imperative. Such housing should respond to health and income needs and provide a choice of living arrangements. It should include sales and rental housing, new and rehabilitated housing, large and small concentrations. It should be produced by public agencies and by private profit and nonprofit sponsors, with incentives to encourage such housing in all communities.

Funds to support a massive and varied housing program and mechanisms for assuring appropriate services are imperative to the well-being of the elderly of this Nation. A decent and safe living environment is an inherent right of all elderly citizens. It should become an actuality at the earliest possible time.

Recommendations

RECOMMENDATION I

Earmarked Funds for Elderly Housing

A fixed proportion of all government funds—Federal, State, and local—allocated to housing and related services, shall be earmarked for housing for the elderly, with a minimum production of 120,000 units per year.

RECOMMENDATION II

New Eligibility Criterion

Eligibility for the benefits of publicly assisted low and moderate income housing and related services shall be based on economic, social and health needs. Recipients having incomes above an established minimum level shall pay for benefits on a sliding scale related to their income.

RECOMMENDATION III

Housing Production Based on Need

The Federal Government shall ensure that State, regional, and local governments and private nonprofit groups produce suitable housing for the elderly on the basis of documented need. The Federal Government shall encourage production through the uniform application and use of appropriate incentives.

RECOMMENDATION IV

Variety of Housing with Related Services

A variety of living arrangements shall be made available to meet changing needs of the elderly. Such arrangements shall include residentially oriented settings for those who need different levels of assistance in daily living. The range shall include long-term care facilities for the sick; facilities with limited medical, food and homemaker services; congregate housing with food and personal services and housing for independent living and recreational and activity programs.

RECOMMENDATION V

Supportive and Outreach Services

Supportive services are essential in the total community and in congregate housing. Emphasis shall be given to providing more congregate housing for the elderly, which shall include the services needed by residents and provide outreach services to the elderly living in adjacent neighborhoods when needed to help older people remain in their own homes.

RECOMMENDATION VI

Property Tax Relief

The State or Federal Government shall provide mechanisms to make possible local property tax relief for the elderly homeowner and renter.

RECOMMENDATION VII

Elimination of Procedural Delays

Every effort shall be made to eliminate red tape and procedural delay in the production of housing for the elderly.

RECOMMENDATION VIII

Allocation of Housing to Minority Groups

Particular attention shall be given to the needs of all minority groups and the hardcore poor elderly. At least 25 percent of the elderly housing shall be for the hardcore poor elderly, those with incomes at the poverty level or less per year.

RECOMMENDATION IX

Multidisciplinary Review Teams

All Federal agencies dealing with housing for the elderly shall be required to establish multidisciplinary teams to formulate guidelines for achitectural standards based on the needs of the elderly. The multidisciplinary teams shall also have authority to review and approve innovative proposals.

RECOMMENDATION X

Development of Housing by Minority Groups

Minority nonprofit groups shall be encouraged and assisted in developing housing for the elderly.

RECOMMENDATION XI

Relocation and Replacement

When housing units for the elderly are eliminated for any reason, adequate replacement units must be available and relocation programs provided before such persons are displaced.

RECOMMENDATION XII

New Definition of Family Needed

Congress should revise the definition of a family in the National Housing Act to include single persons 55 and over.

RECOMMENDATION XIII

Preservation of Neighborhoods

The Federal Government shall encourage the preservation of neighborhoods of special character through rehabilitation, and selective replacement of substandard dwellings with new dwellings, with full provision for the elderly of the area to remain in their familiar environment.

RECOMMENDATION XIV

Direct Loan Housing Program

Housing funds now impounded by the Administration should be released and the highly effective Section 202 of the Housing Act with its special guidelines related to space, design, construction, and particularly favorable financing, restored.

New Section 202 projects should be established by recirculating monies now being sent to the United States Treasury from mortgage payments and Section 202 conversions to Section 236 or like programs. Such conversions of current Section 202's should be encouraged by establishing incentives.

The Senior Housing Loan Section 202 administrative component of the Department of Housing and Urban Development should have management audit responsibility for all Section 202 projects and all Section 236 elderly projects.

RECOMMENDATION XV

Rent Supplement

The rent supplement program shall be increased in dollars and eligibility.

RECOMMENDATION XVI

Housing and Related Services

Financial incentives shall be available to families providing housing and related care in their own homes, or in appropriate accommodations, for their elderly relatives.

RECOMMENDATION XVII

Property Tax Exemption for Non-Profit Housing Sponsors

The Federal Government shall provide financial incentives to State and local governments to encourage property tax exemption of voluntary, nonprofit sponsored elderly housing projects.

RECOMMENDATION XVIII

Assistance for Home Maintenance

The inability of the elderly to financially maintain their homes because of high maintenance cost and increasing taxes resulted in the recommendation that interest-free, nonamortized loans be made available, the amount of the loan to be related to income, with repayment either upon the death of the borrower or the transfer of the property.

As an additional element of national policy, it is proposed that ways or mechanisms be researched to enable older homeowners to voluntarily utilize the equities in their homes to increase their discretionary income while remaining in their own homes.

RECOMMENDATIONS XIX, XX, XXI

Government Organization for Housing

(XIX) Congressional action shall be taken to establish within the Department of Housing and Urban Development an Office of Assistant Secretary of Housing for Elderly. This office shall have statutory authority and adequate funding to provide overall direction toward the implementation of a national policy and the production of housing for the elderly.

(XX) Executive action shall be taken to create an Executive Office on Aging within the Office of the President.

(XXI) Congressional action shall be taken to create a Special Committee on Aging in the House of Representatives.

RECOMMENDATION XXII

Protection for Elderly Homeowner

The Congress shall enact legislation to safeguard the elderly property owner or purchaser from unscrupulous real estate developers and/or promoters.

RECOMMENDATION XXIII

Housing for Rural and Indian Elderly

The Congress shall enact legislation providing special funds for adequate housing and supportive programs to meet the unique needs of rural elderly Americans, including those on Indian reservations.

RECOMMENDATION XXIV

Housing Standards

Standards for physical and environmental security should be developed and applied as an integral and basic element of all housing projects serving the elderly.

RECOMMENDATION XXV

Housing Research and Training

Competent service to the elderly in housing requires sound research widely disseminated and utilized, covering many aspects of their living arrangements. Such research shall be undertaken to cover the health, physical, psychological, and social aspects of environment in urban and rural areas; to delineate the needs of elderly over 80 years of age; to determine the needs of transient elderly; to establish the importance of selecting appropriate locations; and to provide safe and adequate construction. Particular attention is directed to the consequences to vulnerable older people of improper sales methods and inadequate housing arrangements. There also shall be undertaken a well-conceived and well-financed program of training for professional and semiprofessional staff to develop efficient and competent management in developments for the elderly.

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SECTION ON INCOME

INTRODUCTION

There were 304 Delegates named to the Income Section. Information available for some 287 of these indicate that 30 percent were retired. Almost one-fifth were members of one of the minority groups.

The Delegates to the Section on Income represented a broad range of interests and organizations. National aged membership groups and other organizations, both governmental and nongovernmental, directly serving the elderly at State and local levels ranked highest in numbers of Delegates. Also strongly represented were labor unions, insurance and other business companies, religious and lay, social and health service groups, agricultural and rural organizations, and the academic community. A partial list of the types of professional and technical personnel includes economists, accountants, bankers, union and management officers, legislative and executive officials, community project directors, lawyers, social workers, and financial and other consultants.

Throughout its deliberations, the Section on Income thus had the benefit of a diverse, knowledgeable, and experienced set of participants. Guided by the preferences expressed first-hand by older and retired persons among the Delegate body, the Section's recommendations also reflect the desires and thinking initiated in the State and local White House Conferences on Aging, the earlier Older American Forums, and National Organization Task Forces.

Altogether, the Section approved 12 recommendations, addressed to such vital policy matters as ensuring the elderly adequate and secure income, funding of the Social Security system, reforms in private and public pension plans, financing of health care for the aging, property tax relief, and changes in the Social Security retirement test. Action along these lines will not only significantly advance the material welfare of older people, but will also help to overcome the sense of isolation, anxiety, and deprivation felt by many of the elderly.

SECTION REPORT

Preamble

There is no substitute for income if people are to be free to exercise choices in their style of living.

The income of elderly people in the past left the greater number of them with insufficient means for decent, dignified living. During the Sixties, the elderly as a whole enjoyed improvements through greater employment opportunities and better old age security and other public and private benefits. The last two years have witnessed the reversal of these trends toward improvement as inflation continued to erode the purchasing power of fixed incomes, and rising unemployment reduced job opportunities for older workers. The economic situation of the elderly, if past experience is repeated, will improve more slowly than that of younger groups even with an upturn in the national economy. Immediate action to increase the income of the elderly is urgent and imperative.

Recommendations

RECOMMENDATION I

Income Adequacy

The immediate goal for older people is that they should have total cash income in accordance with the "American standard of living." We, therefore, recommend the adoption *now*, as the minimum standard of income adequacy, of the intermediate budget for an elderly couple prepared by the Bureau of Labor Statistics (nationally averaging about $4,500 a year in Spring 1970). This level must be adjusted annually for changes in both the cost of living and rising national standards of living. For single individuals the minimum annual total income should be sufficient to maintain the same standard of living as for couples (not less than 75 percent of the couple's budget). For the elderly handicapped, with higher living expenses, the budget should be appropriately adjusted.

RECOMMENDATION II

Providing a Floor of Income

The basic floor of income for older people should be provided through a combination of payments from the Social Security system and payments from general tax revenues.

This proposal would retain the basic features of the Social Security program. In addition, there should be a supplementary payment system based on an income test to bring incomes up to the minimum, financed entirely from Federal Government general revenues and included in a single check from the Social Security Administration.

RECOMMENDATION III

Liberalizing the Retirement Test

Many older persons work in order to supplement their retirement income. The exempt amount of earnings under the Social Security retirement test should be increased to not less than $3,000 a year (adjusted periodically to changes in the general level of wages).

The offset formula of $1 reduction in benefits for each $2 of earning should apply to all earnings in excess of the exempt amount.

Elimination of the test would cost an additional $3 billion, and there are more urgent needs to which this sum could be applied than paying benefits to persons who are still employed at more than the exempt levels.

RECOMMENDATION IV

Widow's Benefits

Increasing numbers of women without dependent children who have not been regularly employed are becoming widowed before age 60. We recommend that they be eligible to receive widow's benefits starting at age 50 to help fill the income gap until they are eligible at the later age to receive their Social Security benefit.

RECOMMENDATION V

"Special Age-72" Benefits

Certain residents of the Commonwealth of Puerto Rico, Samoa, the Virgin Islands, and Guam are presently excluded from special benefits which are otherwise applicable to persons over the age of 72 who reside in the United States.

We recommend that the 1965 amendments to the Social Security Act, providing for special benefits to all persons 72 years of age and older not otherwise receiving benefits, be applied without discrimination to all residents of Puerto Rico and the territories and possessions of the United States.

RECOMMENDATION VI

Disadvantaged Groups under Social Security

Studies should be made to determine whether there are disadvantaged groups within the population whose age at retirement, or benefits under the Social Security system, may be inequitable because of shorter life expectancy due to social and economic conditions or racial discrimination.

RECOMMENDATION VII

Financing Social Security

The financing of the Social Security system should include a contribution from general revenues. The whole structure of payroll taxes should be reviewed to lighten this burden on low-income workers.

RECOMMENDATION VIII

Private Pensions

Social Security benefits provide a basic protection which should continue to be improved but which can be augmented through private pension plans.

The Federal Government should take action to encourage broader coverage under private pension plans and ensure receipt of benefits by workers and their survivors. It should require early vesting and/or portability, survivor benefits, and complete disclosure to beneficiaries of eligibility and benefit provisions of the plans. In addition, Federal requirements should assure fiduciary responsibility, minimum funding requirements and protection, through reinsurance and other measures, of the promised benefits.

RECOMMENDATION IX

Remission of Property Taxes

It is desirable that older persons be enabled to live in their homes. States and localities should be encouraged to remit part or all of the residential property taxes on housing occupied by older persons as owners or tenants who qualify on the basis of an appropriate measure of income and assets. Remission is to be achieved by Federal and State grant programs to State and local taxing authorities to compensate for reduced revenues.

RECOMMENDATION X

National Health Security Program

This Nation can never attain a reasonable goal of income security so long as heavy and unpredictable health costs threaten incomes of the aged.

Priority consideration should be given to the establishment of a comprehensive national health security program which would include the aged as well as the rest of the population. Financing the program solely through wage and payroll taxes and contributions from Federal general revenues would ensure that health care expenses would be a shared responsibility of the government, employers and individuals. There should be no deductibles, co-payments, or co-insurance.

Until such a system is established, the benefits of Medicare-Medicaid should be increased immediately to include, at a minimum, out-of-hospital drugs, care of the eyes, ears, teeth, and feet, (including eyeglasses, hearing-aids, dentures, etc.), and improved services for long-term care, and expanded and broadened services in the home and other alternatives to institutional care. Here, too, there should be no deductibles, co-payments, or co-insurance.

Government should assume responsibility for assuring an adequate supply of health manpower and essential facilities and for improving the organization and delivery of health services.

RECOMMENDATION XI

U.S. House of Representatives

Special Committee on Aging

We support the establishment of a special committee of the House of Representatives which will devote its attention to all social and economic problems of the aged, including income, health, housing, and other needs areas reflected in the organization of this Conference.

RECOMMENDATION XII

Reordering National Priorities

Our Nation has the resources to effectively carry out the proposals made by this Section provided there is a reordering of national priorities.

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SECTION ON NUTRITION

INTRODUCTION

The first White House Conference on Aging in 1961 devoted one recommendation of five words to "nutrition." It stated that "Nutrition programs should be established." And taken broadly, that recommendation was implemented, because during the ensuing decade the food stamp and food distribution programs became widely available to the poor elderly. However, these programs were inadequate in meeting the needs of special or unique groups of the elderly—the shut-ins, the very poor, the disabled, the lonely isolates, and those with ethnic food preferences. By 1971 the situation was critical. With 20 percent too poor to buy the necessities of life including nutritious food, it was imperative that nutrition be accorded the importance of being one of the 14 subject-areas of the second White House Conference on Aging.

There were 127 Delegates named to the Nutrition Section. The group was composed of a representative number of professional and lay persons from most of the States and Territories and from various national organizations. Minority persons constituted approximately one-fifth of the Delegates to the Section.

Among the participants were practicing nutritionists and dieticians, nutrition researchers and teachers, physicians, public health personnel, extension specialists, food specialists, home economists, State agency executives, legislators, directors of senior citizens centers and activities, and elderly persons themselves.

The Section produced six recommendations of several parts each calling for action which would meet the nutrition and related health needs of elderly people. The Delegates clearly pointed out the need for society—through concerted action by Federal, State, and local governments—to make more efficient use of existing programs and to develop new ones in providing better services to the aging.

The Delegates also stressed the urgency for increasing the range of facilities and services to serve the entire segment of the elderly population, thus underscoring the recommendations of the 1969 White House Conference on Food, Nutrition, and Health, and the need for the legislation being considered by Congress at that moment which would establish a far-reaching nutritional program for the elderly.

SECTION REPORT

Preamble

We take it for granted that all older Americans should be provided with the means to insure that they, too, can enjoy life, liberty, and the pursuit of happiness. Adequate nutrition is obviously basic to the enjoyment of these rights.

Food is more than a source of essential nutrient—it can be an enjoyable interlude in an otherwise drab existence. Thus, provision should be made to meet the social as well as the nutritional needs of older people. A factor that adds dignity and significance to the life of the aged is the feeling that they, too, are useful and important.

Assistance should be provided to make possible preparation of meals for themselves and others. Community meals, however, should be an alternative. Volunteer groups can be involved in such services as transportation, shopping, and distribution of hot meals. Young people should be encouraged to participate in these services and to join the elderly in meals.

All nutrition programs should be supplemented by appropriate educational measures. Older people should be protected from food quackery and unfounded nutritional claims. Lack of research, evaluation and communication leads to failure of otherwise good programs and to the perpetuation of poor programs. The search for more efficient and better means of providing for the good nutrition, health, and happiness of older people should be a continuous process.

All recommendations regarding the nutrition of aging Americans should clearly include the elderly in small towns, rural and isolated areas, and the elderly in minority groups. Special cognizance must be taken of the long neglected needs of older Indians and other non-English speaking groups.

Recommendations

RECOMMENDATION I

Funding Programs and Research

It is recommended that the Federal Government allocate the major portion of funds for action programs to rehabilitate the malnourished aged and to prevent malnutrition among those approaching old age. However, adequate funds should be allocated for a major effort in research on the influence of nutrition on the aging process and diseases during old age in order to give meaning and impact to the action programs. Appropriate research findings must be made available to all action programs.

Since approximately one-half to one-third of the health problems of the elderly are believed to be related to nutrition, we recommend that pilot programs be set up for evaluation of the nutritional status of the elderly.

RECOMMENDATION II

Standards for Food and Nutrition Services

The Federal Government should establish and more strictly enforce high standards with specific regulations for the food and nutrition services provided by institutions and home-care agencies that receive any direct or indirect Federal funds, require a high level of performance from State government enforcement agencies, and when necessary, provide financial assistance to bring non-profit organizations up to standard. These standards should include such important areas as quality and nutritive value of food, methods of handling, preparing and serving foods, the special dietary needs of individuals, and the availability of and accessibility to nutritional counseling.

It is recommended that nutrition services and nutrition counseling be a required component of all health delivery systems, including such plans as Medicare, Medicaid, health maintenance organizations, home health services, extended care facilities, and prevention programs.

RECOMMENDATION III

Consumer Education in Nutrition

Government resources allocated to nutrition should be concentrated on providing food assistance to those in need. However, a significant portion of these resources should be designated for nutrition education of all consumers, especially the aged, and to the education by qualified nutritionists of those who serve the consumer, including teachers in elementary and secondary schools, doctors, dentists, nurses, and other health workers. This can be accomplished immediately by increasing personnel and funds in existing agencies and institutions.

RECOMMENDATION IV

Food Services in Elderly Housing Projects

Federal Government policy must offer the older person a variety of options for meals, but should stress the favorable psychological values and the economies inherent in group feeding. The policy should require all Federally assisted housing developments to include services or to insure that services are available for the feeding of elderly residents and for elderly persons to whom the development is accessible. Where a meal is provided, it should meet at least 1/3 of the nutrient needs of the individual. The policy should also require the provision of facilities (including transportation) for food purchase and meal preparation within each household of the development. In addition, Federal policy should encourage and support community agencies to provide facilities and services for food purchase, meal preparation, and home-delivered meals (often called Meals-on-Wheels) for eligible persons living outside housing developments or in isolated areas.

RECOMMENDATION V

Elimination of Hunger and Malnutrition

It is recommended that the Federal Government assume the responsibility for making adequate nutrition available to all elderly persons of the United States and its possessions.

A. Minimum adequate income (at least $3,000 per single person and $4,500 per couple) must be made available to all elderly. Until money payments are increased above the minimum level, existing food programs should be strengthened, including nutrition education, to meet the needs of the elderly. Therefore, it is recommended that:

——In addition to store purchases of food, food stamps be used for the purchase of meals in participating restaurants, schools and community settings, and any approved home delivery systems.

——The food stamp program must be structured to conform to the United States Department of Agriculture low-cost food plan at no increase in the cost of food stamps to the recipient.

——As long as low income Social Security recipients are on fixed incomes, they should be eligible for self-certification for food stamps and/or public assistance cash grants.

——Food stamp applications should be mailed with Social Security checks and stamps sent to older persons through the mail or by some other efficient, practical and dignified distribution method.

——The purchase of food stamps should be encouraged and facilitated by providing the first food stamp allotment without cost to the recipient, by permitting more frequent purchases and by distributing stamps at senior citizen centers.

——The approximately 1,000 counties in the United States still using the commodity program must switch by December 31, 1972, to the food stamp program for the individual feeding of the elderly. Until this is accomplished, the Federal donated food should be made nutritionally appropriate, in packages of suitable size, and at readily accessible places.

B. It is recommended that the equivalent of a National School Lunch Program be established for senior citizens, not be limited to school facilities or to low income persons. Basic components of the program should be:

——All United States Department of Agriculture commodities should be fully available on the same basis as the school lunch program.

——Funding should provide for adequate staff, food supplies, equipment, and transportation.

——Elderly people should be employed insofar as possible.

——Auxiliary services should be built in, including recreational and counseling programs.

C. It is recommended that nutrition specialists already in the field direct the recruitment of volunteers and/or paid part-time aides from among the elderly and train them to teach sound nutritional practices to older people in groups and in their homes. Qualified social workers should be utilized in getting client acceptance of the services being made available.

RECOMMENDATION VI

Responsibility for Food Safety and Wholesomeness

The responsibility for producing quality food rests with the food industry. However, it is the responsibility of the Federal Government to establish and enforce such standards as are necessary to insure the safety and wholesomeness of our national food supply, as well as improve nutritive value. To do this requires more personnel and funding. State requirements that meet or exceed Federal standards must be established, implemented and monitored with Federal support. Particular attention should be given to both nutrient and ingredient labeling of food products as a means of achieving greater consumer understanding. An inclusive list of the ingredients in any processed food should be made available by the manufacturer to the consumer on request.

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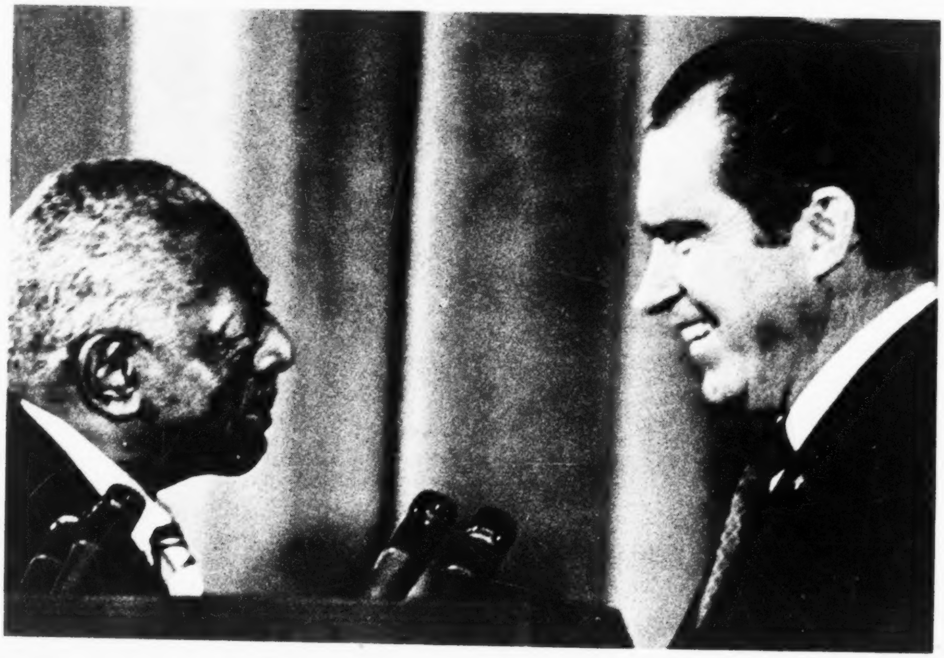

SECTION ON RETIREMENT ROLES AND ACTIVITIES

INTRODUCTION

The proportion of older persons named as Delegates to the Retirement Roles and Activities Section was somewhat higher than for most other Sections; of the 306 Delegates for whom information is available, better than 34 percent were retired persons. The representation from minority groups was, on the other hand, lower than in many of the other Sections.

In addition to the large number of elderly Delegates participating in the Section, there were not only practitioners with long experience as directors of senior citizen activity centers, of volunteer service programs (such as Foster Grandparents Program), and of information and referral centers, but also professional personnel including social workers, gerentologists, sociologists, anthropologists, and educators. The fifteen recommendations produced by the group give testimony to an appreciation of older persons as an important component in society, and of the society's responsibility for providing the social and economic milieu necessary to maintain older people at an optimum level of functioning throughout the life span.

SECTION REPORT

Preamble

Mr. Sebastian Tine, Executive Director of Senior Citizens, Inc., of Nashville, Tennessee, was the presiding Co-chairman of the Section on Retirement Roles and Activities. After calling to order the first Section plenary meeting and introducing himself and the other Section leaders, he called on Dr. Margaret M. Clark to deliver an opening address to the Section Delegates.

Dr. Clark, Senior Research Anthropologist with the Langley-Porter Neuropsychiatric Institute of San Francisco, California, served as the other Co-chairman of the Section. In her statement to the Delegates, Dr. Clark described the problems of social roles for older people as less basic than the survival areas of income, health care and housing but in some ways even more fundamental and complex.

Co-Chairman's Statement

The work of this Section is to formulate national policy regarding roles and activities of retired people in our society. In some ways our topic is less basic than those of some of the other sections—we would all agree that provision of income, health care, and livable housing are required for the simple survival of older people. In certain other ways, however, our topic is even more fundamental than these. We are being asked to look at some deeper and more complex issues—we are being called upon to answer questions such as these: Does our society need its older citizens at all? What are they good for? Do they have a right to a place in our social order? What are older people to do with the rest of their lives after they are no longer working? Does our Nation have any responsibility for helping the elderly to find greater meaning and personal satisfaction in the later years?

In speaking to you today, I have no choice but to speak from my own background as an anthropologist. From this point of view—that of a student of human cultures—the most startling fact about aging today is that so large a proportion of our population is over the age of sixty. This is a novel circumstance in the history of the human species. Never before in all the long millennia of mankind, from his earliest origins in the dawn of time, have so many people lived so long. Those of us who are in the field of aging have heard this statement so often that it scarcely registers any more. But if we look at the historical meaning of this imple fact, it becomes an engaging phenomenon. In terms of human history, it means simply that when primitive man took charge of his physical environment through the development of tools, and then experienced that even greater miracle—the creation of a symbolic world through the invention of language—there emerged a totally new relationship between the generations. Simple animal evolution began to give way. Many of us still cling, atavistically, to the idea that human history can be explained in terms of the survival of the fittest. And, indeed, on the streets of our cities today, it sometimes seems as if the law of the jungle still prevails; but it does not. We must never for a moment forget what characterizes human as opposed to non-human nature is man's capacity for caring about others, and his desire to aid in the survival of *all* those he cares about—the weak as well as the strong, the elder as well as the infant.

When I first became interested in the role of the aged in human societies, the full meaning of the riddle of the Sphinx came to me. As the ancients tell the tale, Oedipus, on his travels, was asked this riddle by the Sphinx: "What is it that walks first upon four legs, then upon two, and finally upon three?" The answer, of course, is man; as an infant he first crawls upon all four, then stands on two feet, and, in declining years, leans upon his staff. It occurred to me that this cycle is, indeed, the essence of humanity, for in no other animal species are the old fed and cared for by the young who can still hunt, fish, and gather food.

In talking with a colleague of mine recently—a physical anthropologist whose specialty is primate behavior (the observation of apes and monkeys in their natural habitats)—I asked why physical anthropologists have spent so much time describing aggression, protective cooperation, mating, nurturance of the young, and other kinds of social behavior among lower primates, but have never described the changes that occur in relationships as members of the band grow old. He said, "That's very simple—there aren't any old monkeys in natural environments. As soon as their teeth wear out, they starve to death." He went on to remind me that it has been only recently that we have discovered menopause in monkeys—those that have been sheltered in humanly controlled laboratory environments. From observations made in the field, no one thought the menopause existed in female monkeys; but now we know that they simply didn't survive long enough to undergo this change.

The human species, then, is the one that keeps its old alive. Why? Because, with the discovery of language, knowledge could be accumulated that promoted survival—not just for the single individual, but for his whole group. The old could remember the year of the great drought, when the only water to be had was at such-and-such a spring, or the lean years when the game had to be tracked far to the north. They remembered how to treat wounds to prevent infection, how to improve the chances of survival of a newborn or a new mother by observing certain taboos. And, perhaps most important of all, they were the links between past and future. The oldest man or woman of a tribe, by definition, had lived during years when no one else in the group had been alive or could remember. In the absence of records, these old people were the sole links with the past—the only windows through which mankind could glimpse the long hazy corridors of his ancestors, the world that was before. Small wonder that the few ancients who survived were viewed with such awe and wonder by their young kinsmen. We really can't blame Methuselah for stretching the facts a bit about his age; it gave him a few extra points, and who else was counting? Old age has always been regarded as a magical time of life—sometimes, in some places, as potentially evil. (And this is a more unfortunate human trait: to fear too much knowledge and sometimes to destroy that which is feared.) More often, however, the magic of old age was regarded as benevolent, and great awe and respect paid to the ancients and the power of their lore.

Now, let me pause here to explain why I have given you this somewhat pedantic and roundabout discourse on human nature. It is to lead up to this:

Man's nature is not fixed—neither in his control of the physical environment nor in his capacity for changing and shaping the social environment. We have the capacity, as we know, for creating the kind of world we want to live in, if we can keep the sources of power out of the hands of demagogues and warmongers. But, beyond our ability to shape the world around us, there is another enormous, and even more important human capacity, and that is man's ability to form *conceptions* of himself—to build images, raise phantoms, have visions of what he is and what he might be. And then . . . and this is the true magic . . . man has the capacity to become what he conceives.

There are many people in the world who fail to grasp the significance of this creativity, who keep thinking of human beings as bird-brains in a box or naked apes. And, while the ape is always somewhere *within* mankind, the ape-nature cannot *contain* mankind. With the birth of meaning, something totally new has entered our planet. We escaped from the trap of the past; the present is no longer what it was for our primitive ancestors—a reliving, over and over again, generation after generation, of a life cycle, invariable for thousands of years.

There are people today who tempt us to keep defining ourselves, and our relationships to each other, within the frozen, crystallized structures of the past. Don't be tempted into believing that it is "human nature" to kill, to destroy, to abandon the elders, to be "tough." The whole history of the species gives the lie to these fallacies. It is only by caring, by a kind of tenderness, that we have survived as a species. How else could we have done it, without fangs or claws, with our weak jaws and our thin hides? And we must not be tempted into that further trap of believing that humanity can never be other than it has already been.

Let me quote an eminent colleague, Professor Loren Eisley, who has just written these words on this subject:

"Man," he writes, "escapes definition even as the modern phantoms in militarist garb proclaim—as I have heard them do—that man will fight from one side of the solar system to the other, and beyond. The danger, of course, is truly there, but it is a danger which, while it lies partially in what man is, lies much more close to what he chooses to believe about himself. Man's whole history is one of transcendence and self-examination, which has led him to angelic heights of sacrifice as well as into the bleakest regions of despair. The future is not truly fixed but the world arena is smoking with the cauldrons of those who could create tomorrow by evoking, rather than exorcising, the stalking ghost of the past."[1]

In turning to our work here at this conference, I hope we can keep within our vision the theme of *becoming*. We shall become that which we dream. Let us remember that at any point in human history we could have looked at ourselves and our society and said, "Well, then, this is reality—this is human society." And for that day, that time, the statement would have been true—during the sack of Rome, during the great plagues of the Dark Ages, in the holds of slave ships, in the ovens of Buchenwald.

But it doesn't *have* to be like that. Nowhere is it written that the young have done and can do no more for humanity than the old. Nor do the old *have* to eat crumbs, wear rags, and have their bodies shaken with untended coughs and fevers.

Nor do the old *have* to leave the tanks of the living, the assemblies and enterprises of mankind, a quarter century before they die. Again, from Eisley: "The terror that confronts our age is our own conception of ourselves."

What can we do here to break our elders, and ourselves as we age, out of that frozen past that we so often invoke? As Commissioner Martin said last night, we are asking of ourselves that we not be bound in our planning by the restraints that our society now imposes upon its older members. We must transcend this place, this time, and this evil. We must strive for new conceptions of later life, what it can mean, how it *can* be enhanced.

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[1] Eisley, Loren. *The Night County.* New York, Charles Scribner's Sons, 1971.

But there is a problem that all of us face when we sit down and try to have new ideas. They're not that easy to have. How does one think creatively? I wish I knew. I can offer only one suggestion from my own experience as an anthropologist that may help. We were taught as students that if we hope to see ourselves and our own culture in a new and revealing way, we could begin by looking at other groups of people and the ways in which they live and pattern their lives. This, our teachers said, would provide us with a great mirror in which we could see ourselves reflected and perhaps improve on what we saw.

We are here a very diverse group of people. We come from many backgrounds. We have different experiences, knowledge, persuasions. Perhaps the key to creative vision is in our own diversity as a people. Let us try to listen and learn from each other. That might help a little.

Recommendations

As we grow older, we continue to need to occupy roles that are meaningful to society and satisfying to us as individuals. However, we emphasize the primacy of such basic necessities as income, health, and housing and these needs must be adequately met.

Twenty million older people with talents, skills, experience and time are an inexhaustible resource in our society. We represent all segments of the population; our abilities, our education, our occupational skills, and our cultural backgrounds are as diverse as America itself.

Given proper resources, opportunities and motivation, older persons can make a valuable contribution. We are also capable of being effective advocates of our own cause and should be included in planning, in decision-making and in the implementation of programs. Choice roles must be available to each older person despite differences in language and ethnicity, and limitation because of disability or level of income.

The lives of Americans of all ages will be enriched as the Nation provides opportunities for developing and utilizing the untapped resources of the elderly.

RECOMMENDATION I

Meeting Role Needs

Society—through government, private industry, labor, voluntary organizations, religious institutions, families and older individuals—must exercise its responsibility to create a public awareness of changing life styles and commitments in a continuous life cycle. Together they should discover and implement social innovations as vehicles for older persons to continue in, return to, or assume roles of their choice. These innovations should provide meaningful participation and leadership in government, cultural activities, industry, labor, welfare, education, religious organizations, recreation and all aspects of volunteer services.

Implementation:

——Programs at Federal, State and local levels which provide opportunities for community service by older persons should be strengthened and expanded.

——Mechanisms should be developed for continuing the work of successful demonstration programs, until such programs become unnecessary or self-sustaining.

——Older people should not be further isolated. Attention must be paid to making opportunities for community service accessible as well as available to all older persons.

RECOMMENDATION II

Priorities in Meeting Role Needs

Program efforts to meet role problems and to create new role opportunities should be designed to serve all segments of the older population. Priorities should be determined according to local and individual needs; special effort must be made to include persons who might otherwise be excluded—the impoverished, the socially isolated, the ethnic minorities, the disabled and the disadvantaged.

RECOMMENDATION III

Preparation for Life Off the Job

Society should adopt a policy of preparation for retirement, leisure, and education for life off the job. The private and public sectors should adopt and expand programs to prepare persons to understand and benefit from the changes produced by retirement. Programs should be developed with government at all levels, educational systems, religious institutions, recreation departments, business and labor to provide opportunities for the acquisition of the necessary attitudes, skills and knowledge to assure successful living. Retirement and leisure time planning begins with the early years and continues through life.

Implementation:

——While retirement preparation is both an individual and total community responsibility, every employer has a major responsibility for providing preparation-for-retirement programs during the working hours.

——The function of Social Security district offices should be expanded to include the additional role of offering individual pre-retirement counseling.

RECOMMENDATION IV

Responsibility for Supportive Services

Social policy should encourage families to assume the responsibility for providing supportive services to older family members; however, society must insure the availability through government and community organizations to all older people of comprehensive supportive services which they are unable to provide independently.

Implementation:

——The Federal Government should move immediately to develop models for a network of supportive services for all elderly citizens. Implementation should be the ultimate responsibility of the local community.

——In funding supportive services, Federal funds should be provided to applicant agencies and local communities as well as State organizations.

——The availability of such services should be made known through a program of public information.

RECOMMENDATION V

Involving Older People

Public policy should encourage and promote opportunities for greater involvement of older people in community and civic affairs, and for their participation in formulating goals and policies on their own behalf as a basis for making the transition from work to leisure roles. Society should reappraise the current life style sequence of student/worker/retiree roles, and promote role flexibility.

RECOMMENDATION VI

Reordering National Priorities

We recognize that many problems of aging Americans are problems for all Americans and we urge the Conference to request the reordering of the Nation's priorities.

All citizens will benefit from elimination of poverty, preservation of the environment, more adequate health care services, better housing, transportation and the control of disease and physical disability.

Therefore, we recommend that the Chairman of the 1971 White House Conference on Aging appoint a select committee of Delegates to prepare a preamble for action which calls for a reordering of our Nation's priorities, and that recognizes that the strength and success of America will be judged on how well the needs of its own people are served.

RECOMMENDATION VII

Government Organization for Aging

We recommend that the President and the Congress, either by Executive Order or by Congressional action, give immediate priority to the restructuring of the Administration on Aging and its establishment of a visible, effective advocate agency for the elderly at the highest level of government so that it will directly relate to the Executive Office of the President.

RECOMMENDATION VIII

Categorical Support for the Aged

Since older persons have special needs, we recommend that public programs specifically designed for the elderly should receive categorical support for the elderly, rather than compelling the aged to compete for services, activities, and facilities intended for the general population.

RECOMMENDATION IX

Multiservice Senior Centers

It should be the responsibility of the Federal Government, in cooperation with other levels of government, to provide funds for the establishment, construction and operation of community-oriented multiservice centers designed for older citizens. Industry, labor, voluntary and religious organizations should assist in the planning and implementation.

RECOMMENDATION X

Work Means (Retirement) Test

In order to encourage further activity on the part of older Americans, it is recommended that the work means test be modified so as to allow unlimited earnings without the reduction of Social Security benefits.

RECOMMENDATION XI

Use of Information Media

The information media are so important in the formation of public attitudes that it is recommended that special attention be given to enhancing the image of older persons, and to disseminating the recommendations of the 1971 White House Conference on Aging and its follow-up activities.

RECOMMENDATION XII

Follow-up Conference Reports

The Administration on Aging should arrange for the publication of status reports to the Delegates, at six-month intervals, on action taken on the recommendations of the 1971 White House Conference on Aging.

RECOMMENDATION XIII

Aging in Training Curriculum

Training and research agencies, including university programs which relate to recreation and leisure, should be encouraged to concern themselves with the needs of older persons as an integral part of their training curriculum.

RECOMMENDATION XIV

Physical Fitness for Older People

We endorse a program looking toward continuing physical fitness of men and women before and during the years of retirement. Such a program should be implemented by governmental support in cooperation with voluntary agencies which have a long history of experience in this field.

RECOMMENDATION XV

Use of Older Professionals

Because reciprocity often does not permit the full use of elderly professionals whose services are badly needed, we urge the National Conference of Commissioners on Uniform State Laws, in cooperation with the professions, to develop and promulgate a minimum national standard for admission to the medical, dental, legal and other professions, which standard permits quality professional practice, and that each State adopt such a uniform standard of professional practice.

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SECTION ON SPIRITUAL WELL-BEING

INTRODUCTION

The Section on the Spiritual Well-Being of the elderly involved over 200 Delegates. Although many of the participants in the Section were religious leaders, a number of other professional and technical occupations were represented. Among them were educators, legislators, social workers, business people, consultants, volunteer workers, service agency administrators, and young people.

The work of the Section was guided in part by the thought and experience of many of the group who were themselves elderly. Of the Delegates named to the Section, one-fifth listed themselves as retired. The breadth and depth of discussion was also enhanced by the participation of a substantial group of minority persons (18 percent were Black, Asian American, American Indian, or Spanish American).

The recommendations of this Section encompass some of the most significant trends of the day among religious bodies. Changes in attitudes are reflected in recommendations stressing ecumenism and interfaith responsibilities. New relationships between government and religious organizations are envisaged, with the religious community having a much greater role in community service to the elderly. And finally, the Section Delegates had the courage to take up a problem that is becoming one of the most controversial of the day. That is, the prolongation of life entirely by artificial means as opposed to legalization and sanctioning of the right of old people to choose to die naturally and in dignity.

SECTION REPORT

The work of the Spiritual Well-Being Section began with an orientation meeting of all Section Delegates. The Section meeting was called to order by The Reverend Monsignor Lawrence J. Corcoran of the National Conference of Catholic Charities, the presiding Co-chairman. Reverend Corcoran introduced the other Section leaders and invited Hess T. Sears, Section Co-chairman and Chairman of the Technical Committee for Spiritual Well-Being, to address the Section.

Mr. Sears provided background information and the role that Delegates to the Spiritual Well-Being Section were to play in developing recommendations for a national policy on aging.

Preamble

Spiritual Well-Being relates to all areas of human activity. In referring to man's spiritual well-being, we consider those aspects of life ". . . pertaining to man's inner resources, especially his ultimate concern, the basic value around which all other values are focused, the central philosophy of life—whether religious, anit-religious, or non-religious—which guides a person's conduct, the supernatural and non-material dimensions of human nature."[1]

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[1] Moberg, David O., *Background and Issues Paper on Spiritual Well-Being*, 1971 White House Conference on Aging, p. 3.

Whether rich or poor, advantaged or disadvantaged, every person has a right to achieve a sense of spiritual well-being. "We believe that something is wrong with any society in which every age level is not clearly of meaning and of value to that society. The spiritual needs of the aging really are those of every person, writ large: the need for identity, meaning, love, and wisdom."[1]

As Delegates to the White House Conference on Aging in the Section concerned with spiritual well-being, we call attention to this fact of life: to ignore, or to attempt to separate the need to fulfill the spiritual well-being of man from attempts to satisfy his physical, material, and social needs is to fail to understand both the meaning of God and the meaning of man.

Whether it be the concerns for education, employment, health, housing, income, nutrition, retirement roles, or transportation, a proper solution involves personal identification, social acceptance, and human dignity. These come fully only when man has wholesome relationships with both fellowman and God.

The concerns apply to all ages. Basic needs do not necessarily change with age, but they often are intensified.

Therefore, the White House Conference on Aging states that all policies, programs, and activities recommended in a national policy on aging should be so developed that the spiritual well-being of all citizens should be fulfilled.

In this context, the Section on Spiritual Well-Being of the White House Conference on Aging makes the following policy recommendations.

Recommendations

RECOMMENDATION I

Religious and Governmental Cooperation

The government should cooperate with religious bodies and private agencies to help meet the spiritual needs of the elderly, but in doing so should observe the principle of separation of Church and State.

RECOMMENDATION II

Training in Spiritual Well-Being

The government should cooperate with religious organizations and concerned social and educational agencies to provide research and professional training in matters of spiritual well-being to those who deliver services to the aging.

RECOMMENDATION III

Funding Professional Training

It is recommended that the government provide financial assistance for the training of clergy, professional workers, and volunteers to develop special understanding and competency in satisfying the spiritual needs of the aging.

RECOMMENDATION IV

Chaplaincy Services

It is recommended that all licensing agencies in the State require that institutions caring for the aged must provide adequate chaplaincy services. In certain instances in which cooperating church organizations cannot obtain financial support for such service, government should be empowered to supply it upon the recommendations of the State commission of aging or other appropriate agencies.

RECOMMENDATION V

Evaluating Programs for the Elderly

It is recommended that the Federal Government should establish a continuing system of evaluation of present and proposed government-funded programs serving the elderly. One of the functions of such a system would be a determination of a program's effect upon the spiritual well-being of the elderly.

RECOMMENDATION VI

Acquainting the Elderly with Services

It is recommended that a much greater, more diverse information flow is necessary to acquaint the elderly with all the services which are available to them. Social Security Administration should be required to disseminate adequately the information necessary to acquaint the elderly with all the services which are available to them, such as by enclosing information with Social Security checks.

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[1] Bollinger, Thomas E., "Spiritual Needs of the Aging," *The Need for a Specific Ministry to the Aged*, Southern Pines, N.C.: Bishop Edwin A. Penick Memorial Home, 1969, pp. 50-51.

RECOMMENDATION VII

Elderly in Age-Integrated Programs

Efforts should be made to meet the spiritual needs of the aging by ministering to them in conjunction with people of all ages, as well as in groups with special needs. It is noted that special attention should be given to allowing older persons to share in the planning and implementations of all programs related to them.

RECOMMENDATION VIII

Home Delivery of Spiritual Consultation

As a part of total programming for older persons, communities should make available religious or other spiritual consultation to the aged in their own homes, using the clergy and other trained persons. Special emphasis shall be given to assist and utilize personnel of those religious bodies lacking financial resources often available to larger groups.

RECOMMENDATION IX

Concern for Man as a Whole Being

Since man is a whole being with interrelated and interdependent needs, religious organizations should be actively concerned with spiritual, personal and social needs.

RECOMMENDATION X

Religious Bodies as Referral Agencies

Religious organizations must be aware of agencies and services, other than their own, which can provide a complete ministry to older persons. Other organizations designed for the benefit of older persons should develop, as a part of their services, channels to persons and agencies who can help in spiritual problems.

RECOMMENDATION XI

Religious Bodies as Advocates

Religious bodies should exercise a strong advocacy role in meeting the needs of the elderly, working for programs, both public and private, that contribute to the well-being of the elderly and protecting them from those who would victimize or demean them.

RECOMMENDATION XII

Protecting the Rights of the Elderly

Religious bodies have traditionally and properly developed their own philosophies. We recommend that they work together with the elderly and coordinate their efforts with other groups to develop and declare an affirmation of rights for the elderly. These rights should include the basic values of all while insuring the basic right of freedom of religion.

RECOMMENDATION XIII

Inter-Faith Community Programs

It should be the national policy that religious bodies and other private agencies make it their concern to bring together the services of the entire community to provide opportunity for interfaith broad-based community programs for the aged through multipurpose community centers.

RECOMMENDATION XIV

The Right to Die With Dignity

Religious bodies and government should affirm the right to, and reverence for life and recognize the individual's right to die with dignity.

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REGIST

SECTION ON TRANSPORTATION

INTRODUCTION

There were 174 Delegates named to the Transportation Section. In addition, a number of observers—representing Federal Government agencies, State government, institutions of higher education, and foreign countries—attended the Section.

Participants represented a wide range of occupational fields and interests. Among them were researchers, insurance executives, legislators, State agency executives, health and social services workers, attorneys, union representatives, and experts in the area of transportation—transportation economists and planners—who assisted in guiding the discussion toward the development of feasible and realistic policies.

A third of the Delegates named to the Transportation Section were retired. They added additional relevance to the discussion by making the Section fully aware of the elderly's particular transportation needs. This was the first time that such an intermix of elderly people and practitioners have had the opportunity to speak together about keeping older people mobile. The subject was not considered as a major topic at the 1961 White House Conference on Aging.

Beginning with the Older Americans community forums, State White House Conferences on Aging, and continuing through the National Conference, participants spoke frankly about transportation needs peculiar to their own communities. Rural participants expressed particular concern regarding the virtual non-existence of any modes of transportation in their communities. However, it was emphasized over and over again that the problem of transportation exists for all older people, whatever their place of residence.

The Section on Transportation produced 21 recommendations which call for Federal, State, and local action to provide increased availability of transportation services to older citizens. Broadly concerned with the dignity and well-being of old people, Delegates recognized that the ability to provide for one's needs and the ability to function within society-at-large is significantly dependent upon one's access to adequate transportation. Indeed, the solutions to the problems of transportation for the elderly may be the sine qua non for ameliorating many of the other problems faced by older people.

SECTION REPORT

Co-chairman Walter J. Bierwagen opened the work of the session by asking Co-chairman Thomas C. Morrill to make an opening statement which would introduce the Section Delegates to their task.

Co-Chairman's Statement

I am pleased to join my Co-chairman, Walter Bierwagen, in welcoming you to the opening meeting of the Transportation Section of the White House Conference on Aging.

As you know the planning for this significant event has been in progress for about two years and many of you have been quite actively involved in the community forums, State and regional conferences leading up to this time.

It is well said that we are today a society on wheels. In the lifetimes of many of us at this Conference, the automobile has moved in status from a luxury for the affluent to the common property of almost every household.

Motor vehicle transportation is today the overwhelming mode of personal travel. By some estimates, 94 percent of all passenger miles are traveled by car or bus. As a people, we buy eight to nine million cars a year, drive a hundred million miles that glut the cities, pollute the air, kill 55,000 people and injure us in unbelievable numbers. In the process, we destroy—by neglect and misuse—much of our mass transportation service.

Then, with the passage of time, much of our older population reaches a point where, for either economic reasons or cost or physical reasons, the private means of transportation on which they have relied for most of their lives is no longer available. They find that alternative ways to get where they want to go either no longer exist or are oriented toward other transportation needs—to and from work, rather than to and from shopping areas, medical and social services, or human contacts with friends and relatives.

The older population then may also find that other forms of transportation are also expensive or too challenging for declining physical skills. Even as pedestrians, the "Walk—Don't Walk" signs turn on and off with threatening speed, the curbs are too high, the drivers inconsiderate.

It is concerns of this kind which make transportation for the aging a serious issue. The problem is common, although it may take different forms for those who live on farms than for those who live in cities or towns, and for those with and without alternatives to the motor car.

In the two years of preparation for this Conference, thousands of older people have underscored for us their worries about transportation. During the community forums which were held throughout the country, transportation surfaced in many communities as the third leading problem of the elderly, after income and health.

Travel today can be an ordeal for the aged and infirm, but if they are to take part in the affairs of community life, they must have available some convenient and economical mode of transportation. And this, of course, is why we are here today. Our mission during the next three days is to come up with policy proposals on transportation which will lead to administrative and legislative action on behalf of senior citizens.

As Mr. Joseph Revis has stated in the *Background and Issues Paper on Transportation*, the transportation problems of the elderly are most acute in three areas: (1) lack of money for transportation, (2) lack of available service to places they need and want to go, and (3) problems of safety, comfort, and convenience associated with the various transportation systems used by them.

These three problem areas have served as the basis for the issues which you have been dealing with during the past two years and which we will be discussing. It is my sincere hope that we will deal with the issues as they have been presented in the Work Book and that we will develop meaningful policy proposals which will lead toward the elimination of many of the transportation problems which we as senior citizens face in our day-to-day existence.

Preamble

It has been unanimously agreed by the State and Territorial conferences, the National Organization Task Force, the Technical Committee on Transportation and the Delegates of the Transportation Section of this Conference that meeting the transportation needs of the elderly is a problem of vital concern. For many of the elderly the lack of transportation itself is the problem; for others, it is the lack of money for bus fares, the lack of available services to places they want and need to reach, the design and service features of our transportation systems. These problems interact with one another and in doing so further augment the transportation difficulties of the elderly.

For example, their low incomes often force them to live in poor transit service areas and prevent them from owning private automobiles.

Rising fares and reduced service of financially declining transit companies restrict their travel. Even where transit is available, design features and the lack of directional information may preclude access to available part-time work which might improve their incomes.

The elderly, like everyone in society, must depend upon the ability to travel for acquiring the basic necessities of food, clothing and shelter as well as employment and medical care. The ability to travel is also necessary for their participation in spiritual, cultural, recreational and other social activities. To the extent the aged are denied transportation services they are denied full participation in meaningful community life.

It is essential that the needs of all the elderly be considered. In the establishment and operation of the transportation systems and services proposed in the policy recommendations, provision must be made to serve the ethnic and cultural needs of minority groups. In addition, because the transportation needs of the rural elderly are critical, they must be assured of receiving all the benefits associated with the recommendations of this Conference.

The implications of the failure of our transportation network to meet the needs of the elderly have received widespread attention and study by Congressional committees, advisory boards, the President's Task Force on Aging, and numerous other goal-generating sources. They have repeatedly affirmed that the opportunity for a wide range of life choices is a basic right of the elderly, that mobility is a necessary precondition for free and dignified choice, and that mixinization of choice through programs to increase the mobility of the aged ought to be the overall goal of public policy for the older citizen.

The Delegates of the Transportation Section are in agreement with these goals. However, the transportation needs of the elderly cannot wait for more studies. Immediate action is needed. The transportation policy recommendations are a call for action now. The order of presentation of recommendations in this report shall not be considered as an ordering of the priority of the recommendations.

Recommendations

RECOMMENDATION I

Transportation Subsidies

The Federal Government shall immediately adopt a policy of increasing transportation services for the rural and urban elderly. The policy should be flexible, encompassing various alternatives. Both system subsidies and payments to elderly individuals may be needed, the choice depending upon the availability and usability of public and private transportation.

Subsidies should be made available not only for existing systems, but also for the development of flexible and innovative systems, especially where there are no existing facilities.

Financial support should be directed toward accomplishing program purposes such as:

——Reduced or no fare transit for elderly people.

——Operating and capital subsidies.

RECOMMENDATION II

Transportation For All Users

The Federal Government shall act immediately to increase support for the development of transportation for all users, with special consideration given to the needs of the elderly, the handicapped, rural people, the poor and youth.

RECOMMENDATION III

Transportation Coordination

Publicly-funded programs for the elderly shall be designed so that transportation will be required as an integral part of these programs, whether transportation is provided directly by the programs or through other community resources.

Public policy shall require coordination of existing transportation and/or new planned transportation with publicly funded programs for the elderly.

RECOMMENDATION IV

Transportation Coordination of Vehicles

To assure maximum use of vehicles and coordination, all government passenger vehicles (such as school buses, vans and other vehicles) in use by Federal, regional, State, county and city programs shall be made available interchangeably among agencies for the provision of transportation to senior citizens for their respective programs. The use of these vehicles shall be available without prejudice to serve all disadvantaged elderly.

An area clearinghouse should be established so that all local transportation resources are used efficiently to meet the transportation needs of the elderly.

RECOMMENDATION V

Individualized Transportation

The Federal Government shall provide leadership and financial support for the development of individualized, flexible transportation for the elderly, which provides increased access to health care facilities, shopping, religious, social, recreational, and cultural activities. Programs should be implemented by local and State governments, private enterprise, and voluntary community action.

RECOMMENDATION VI

Design and Safety Standards

The Federal Government, in cooperation with State and local governments and other agencies, shall set minimum standards for the design of equipment and facilities and shall develop programs to assure the safety, comfort, and convenience of the elderly as pedestrians, drivers, and users of transportation services. Implementation and enforcement of these standards should be by local and State governments unless preempted by the Federal Government.

RECOMMENDATION VII

Barrier-Free Design

Transportation systems and services developed or subsidized by public funds shall be designed in an architecturally barrier-free manner in order to provide accessibility for all people.

The Federal Government shall provide guidelines to State and local governments to assist in the development of improved ancillary services, such as: terminal design, shelters, centralized transit information, traffic control, and crosswalk markings. Where appropriate, symbols, multilingual signs, and other devices will be used to facilitate movement of all users.

RECOMMENDATION VIII

Reduced Fares

Appropriate legislation at all levels of government should provide that the elderly and handicapped be allowed to travel at half fares or less on a space available basis on all modes of public transportation.

RECOMMENDATION IX

Transportation Fund

The Federal Government should move immediately to adopt a policy which will both increase the level of funding available to the development and improvement of transportation services and also foster the coordination of all forms of transportation, public and private, at Federal, State, regional and local levels or responsibility.

RECOMMENDATION X

Revision of Highway Trust Fund

The Congress of the United States is urged to immediately adopt legislation to convert the Highway Trust Fund into a General Transportation Fund to be utilized for all modes of transportation.

A portion of the General Transportation Fund shall be made available for the development of new transportation services and the improvement of existing transportation services for the elderly.

RECOMMENDATION XI

Driver Licensing

A nationwide set of driver's licensing standards shall be established that do not discriminate against the elderly on the basis of chronological age alone.

RECOMMENDATION XII

Volunteer Driver Insurance

In designing new, flexible transportation services, the Federal Government should establish a national policy for guaranteed liability insurance to cover volunteer drivers.

RECOMMENDATION XIII

Encouragement for Volunteer Drivers

Individuals should be encouraged to serve as volunteer drivers for the elderly and be compensated in one or more of the following ways: reimbursement for out-of-pocket cost of services rendered; a tax break; use of publicly owned vehicles; or assistance with insurance and maintenance of vehicles.

RECOMMENDATION XIV

Governmental Organization for Transportation

An elderly person knowledgeable in the affairs of the elderly shall be appointed as an assistant reporting directly to the Secretary of Transportation to represent the needs of the elderly and work toward implementation of their transportation programs.

RECOMMENDATION XV

Insurance Cancellation

The Federal Government and/or State governments should pass legislation prohibiting insurance companies from increasing auto insurance premiums or cancelling policies on the basis of age alone.

RECOMMENDATION XVI

No-Fault Insurance

Exploration of the concept of no-fault insurance and the possibility of government-operated insurance programs, and experimentation now underway in the various States which would further the development of better insurance programs, shall be encouraged.

Minority Recommendation

Exporation of the concept of no-fault insurance and experimentation now underway in the various States which would further the development of better insurance programs, shall be encouraged.

RECOMMENDATION XVII

Transportation for Rural Elderly

All levels of government shall take immediate steps to correct the present lack of provisions for the basic transportation needs of the rural elderly. Federal laws shall be amended to include specific definitions of responsibility for rural transportation by the Department of Transportation.

RECOMMENDATION XVIII

Transporation and Federal Action

In the absence of State or local response to the transportation needs of all users, especially the elderly, handicapped, rural, poor and youth, the Federal Government shall be empowered to act unilaterally in their interest.

RECOMMENDATION XIX

Private Housing Transporation Needs

Individualized and/or public transportation shall be incorporated in the planning of all privately funded senior housing projects to meet the needs of the elderly.

RECOMMENDATION XX

Jurisdictional Coverage

All policies adopted as a result of the recommendations of this Conference shall be applicable to all of the United States, the Commonwealth of Puerto Rico and all other territories associated with the United States.

RECOMMENDATION XXI

Reservation Indians

Because American Indian reservations are considered to be outside of State jurisdiction, American reservation Indians are not eligible for existing or proposed State-funded transportation services.

The Federal Government should recognize the unique transportation problems of American re-

servation Indians, and shall immediately provide through subsidies new transportation services that assure American reservation Indians transportation to health care, educational, social, religious, recreational, cultural, and shopping facilities.

RECOMMENDATION XXII

Post-Conference Action

It is proposed that the 1971 White House Conference on Aging, and subsequent followup of this Conference, can benefit by including in their structured deliberations a special section or workshop having a kind of free-wheeling assignment to offer new and creative ideas. Such a section would not be bound by structured issues. It would be composed of leaders from the elderly and a cross-section of all of the major fields of society. It would examine the issues and underlying value systems which limit self-determination and inhibit the elderly persons' opportunity to be productive. This section would suggest new basic concepts not now explored in the field of aging. Said concepts would go beyond our basic view of the elderly persons' role in society.

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SECTION ON
FACILITIES, PROGRAMS, AND SERVICES

INTRODUCTION

Two hundred and forty Delegates were named to the Section on Facilities, Programs, and Services. Of this total, some 50 persons (21 percent) indicated that they were retired. A comparable number, 45 Delegates (18 percent), were from non-white minority groups.

The Delegates represented a complex of advocacy and service organizations in the field of aging. A partial listing would include—at the State and local levels—government offices on aging, departments of social services, community welfare organizations, homes for the aged, and senior citizen centers. Delegates from national organizations included representatives of several aged membership groups, voluntary associations, and advocates of consumer interests. Among other participants in the Section's work were legislators, lawyers, clergymen, union and business officials, social workers, and members of the academic community.

The Section on Facilities, Programs, and Services adopted 28 recommendations for policy in the broad yet critical areas of program development and operation, community facilities, social services, and consumer and legal protection. The policy guidelines and actions proposed by the Section are regarded as essential to the accomplishments of an overriding purpose: that older persons will be able to maintain their independence, their self-worth, their dignity, and their continuing contribution to our society.

SECTION REPORT

Preamble

National policy should guarantee to all older persons real choices as to how they shall spend their later years. Older persons should be enabled to maintain their independence and their usefulness at the highest possible levels. They must have the opportunity for continued growth, development and self-fulfillment, and for expanded contributions to a variety of community activities.

In addition to adequate income, an effective network of facilities, programs, and services must be readily available and accessible to permit them to exercise a wide range of options, regardless of their individual circumstances or where they happen to live. Such facilities, programs, and services must be available whether the need for them is short-term or long-term. They may be under public or voluntary auspices.

Attention must be given now to identify and provide those services which make it possible for older persons to remain in, or return to, their own homes or other places of residence. Whatever the type of resource required to assist them in maintaining the living arrangements of their choice, whether institutional or community based, appropriate standards for those resources must be established and strictly enforced.

Action is needed in forging a national social policy on protection of the older person's rights and choices that will be reflected in povision of a wide range of facilities, programs, and services, whether preventive, protective, rehabilitative, supportive or developmental in their focus. To this end there must be strategies for achieving action now, including Federal fiscal support to implement the policies which follow.

Recommendations

RECOMMENDATION I

Range of Living Arrangements

Tax funds should be more equitably allocated to maximize the likelihood that older persons will continue to live independently and to help assure that older persons will have a choice of living arrangements. To achieve this, a full range of supportive community services, public and private, must be adequately financed. Public funds must be allocated in sufficient magnitude to assure such quality institutional care, from minimal to maximal, as may be needed at various stages in an older person's life. The level and quality of care and services shall be provided without regard to source of payment.

RECOMMENDATION II

Responsibility for Providing Services

Services to older people should be provided through a combination of governmental, private nonprofit, and commercial agencies. The Federal Government should be responsible for financing a minimum floor for all services. These services may be procured from private nonprofit and/or commercial sources at the election of local and State governments.

Minority Recommendation

> Services to older people should be provided through a combination of governmental, private nonprofit, and commercial agencies. The Federal Government should be responsible for financing a minimum floor for all services. These services may be procured from private nonprofit and/or commercial sources.

RECOMMENDATION III

Structuring Government to Serve the Elderly

Primary responsibility for planning and coordination of health, welfare and other services for the older population should be placed in a public service agency with divisions at the Federal, State and local level with strong administrative authority and funding controls and the capability of functioning across departmental lines. There should be extensive involvement of older people and independent agencies and organizations in the making of policies and in all aspects of planning.

RECOMMENDATION IV

Participation in Policy Making

All age groups should be involved in the determination of policies and standards for facilities and services for the older population and older persons themselves certainly must have a role.

RECOMMENDATION V

Criteria for Program Staffing

Qualifications other than age should be the determining factors in staff employment in facilities and programs for the elderly, but *special effort* should be made to use older persons in staffing such facilities and programs.

RECOMMENDATION VI

Specialized Services

Older persons should be served by an integrated system, sharing equitably with other age groups those facilities, programs and services suitable and appropriate to the needs of the general population, but they should also have the benefit of specialized facilities, programs, and services based on their distinctive needs.

RECOMMENDATION VII

Responsibility for Consumer Protection

Government controls as a primary means for assuring consumer protection should be substantially augmented by the participation of consumers, industry, business, and the professions.

RECOMMENDATION VIII

A Federal Consumer Agency

A central consumer agency should be established at the Federal level to better coordinate and strengthen the powers and responsibilities of existing Federal agencies engaged in consumer protection to ensure that the interests of elderly consumers are better served.

RECOMMENDATION IX

Protective Services

Older persons shall be free to manage their own affairs. Should public intervention be needed, due to hazardous circumstances or situations in which they may be involved, there must be full protection of their legal rights as individuals. There should be development of protective services for those older persons in the community who are unable to manage their affairs because their mental and/or physical functioning is seriously impaired.

RECOMMENDATION X

Age-Graded Public Policy

Age alone may be an appropriate criterion in establishing policy for certain programs, such as eligibility for Social Security retirement benefits and property tax relief. It is an inappropriate criterion when used to discriminate against the elderly in determining eligibility for insurance, employment and credit, for example. Any criterion based solely on age should be analyzed to determine whether it is appropriate for a particular age.

RECOMMENDATION XI

Standard Setting

Federal legislation shall provide minimum quality standards and guidelines to provide uniform services and care for the elderly in all Federally administered programs and in grant-in-aid programs offered to the States, supplemented by legislation on the State and local levels conforming to such standards and guidelines. Such standards and guidelines shall clearly specify requirements regarding staff qualifications and training and the quality of facilities, programs, and services.

RECOMMENDATION XII

Legal Services for the Elderly

Government funded legal service shall be available to older persons in all communities. To ensure this:

——The Federal Government should earmark adequate funds so that older persons will have a guaranteed full range of legal services, including advocacy, administrative reform, litigation and legislation. The funds provided should be a fair proportion of all legal service funding.

——Bar associations, private law firms, law schools, and university research institutes should be encouraged to provide legal assistance and research findings to older persons.

——Lay people and older paraprofessionals should be used to perform advocacy roles that advance the legal concerns of older people.

——Congress should establish an independent legal service corporation in which older persons will have a fair share of direction, that will provide free services for those who cannot afford them (including rights and property of older homeowners), will charge a reasonable fee for those persons whose incomes permit a modest payment, and whose services will be accessible wherever older people live.

——Funds should be made available for research into the legal problems of older persons.

RECOMMENDATION XIII

Adequate Income

While the need for greatly expanded facilities, programs, and services is urgent, services are not a substitute for sufficient income to maintain independent living in dignity and health. Older persons require no less than the moderate standard of living defined by the Bureau of Labor Statistics and no limit should be placed on earnings of Social Security beneficiaries.

RECOMMENDATION XIV

Police Protection

Police protection of the elderly should become a top priority. A portion of Federal funds for the prevention of crime allocated to the States or local communities should be earmarked for this purpose. Particular attention should be paid to the needs of minority groups.

RECOMMENDATION XV

Cross-Generational Ties

Involvement between young people and older people should be encouraged at all levels of community life. Young people can gain knowledge of the process of aging and become involved with elderly people through the education system, national youth organizations, and volunteer roles.

RECOMMENDATION XVI

Communications about Public Policy in Aging

A policy affecting the elderly will only be useful if it is written clearly, is publicized broadly, and is completely understandable by persons with differing cultural and linguistic backgrounds. For example, the Social Security Administration could enclose with the monthly check notification of entitlements and programs available to beneficiaries.

RECOMMENDATION XVII

"The War Must Stop!"

Delegates from every part of our Nation call upon the President to end the United States involvement in the war in Southeast Asia. We are acutely aware of the human costs resulting from that tragic war including war-related spiralling inflation and the unfortunate waste of our resources in so-called defense appropriations. We declare urgently and simply: The War Must Stop!

RECOMMENDATION XVIII

Post-Conference Action

The White House Conference on Aging should establish a continuing body of Delegates to make recommendations for State and Federal legislation as part of the post-Conference action year.

> ***Minority Recommendation***
>
> The White House Conference on Aging should continue the participation of current delegates to make recommendations for State and Federal legislation as part of the post-Conference action. Financing for this work should be continued by the Federal Government.

RECOMMENDATION XIX

Government Organization for Aging

There should be established immediately a Federal Department of Elder Affairs headed by a Secretary of Elder Affairs who shall be a member of the President's cabinet. Such department shall be broadly responsible for the planning, coordination, and funding of health, welfare, and other services for older people.

From the date of establishment, there shall be a two-year period in which the Secretary shall prepare the plan for the transfer of appropriate operating functions from other Federal agencies.

During this period, the Administration on Aging should be immediately strengthened in order that its original functions as provided in the Older Americans Act of 1965 can be more effectively realized.

RECOMMENDATION XX

Increased Social Security Benefits

We older Americans, and representatives of older Americans, meeting in Washington, D.C., at the invitation of the President, have studied proposals, programs, schemes and strategies to make life for older Americans more than simply bearable.

However, we are of one mind when we declare the primary need for older Americans—in truth, for all Americans—is *adequate income.* We ask for action now from *The White House* to increase Social Security benefits to a level at which people may live in dignity; specifically, we recommend a benefit level of at least $3,000 per year for an individual and $4,500 for a married couple.

RECOMMENDATION XXI

"Special Age-72" Benefits

Although they are United States citizens and contributors to the Social Security Trust Fund through payroll deductions, certain residents of Puerto Rico, Guam and the Virgin Islands are ineligible to receive OASDI benefits under the Prouty Amendment. This discriminatory treatment should be changed so that benefits are available to them on the same basis as they are to other persons.

RECOMMENDATION XXII

Multipurpose Senior Centers

In every community and neighborhood, as appropriate, there should be a multi-purpose senior center to provide basic social services, as well as link all older persons to appropriate sources of help, including home-delivered services.

The basic services, in clearly identifiable sites, i.e., senior centers, action centers, department of social services, etc., financed as an on-going government program, could be the foundation for such additional services as various levels of government and the voluntary sector, including organizations of the aged, would desire and sponsor.

Basic social services that would enhance the ability of the elderly to retain independence should be made available. These may include but are not necessarily limited to:

> ——Supportive Services which aid the older person to remain in his familiar environment or to retain his usual living arrangement when this is no longer possible through his own efforts. Specific services would include homemaker-housekeeping services, organized home care, chore services, home-meal services, and escort services.
>
> ——Preventive Services which prevent the breakdown of the capacity of the older person to function physiologically, psychologically, or socially through detection and through social intervention prior to old age or prior to a crisis in old age.
>
> ——Protective Services which protect the civil rights and personal welfare of older persons from neglect and exploitation by relatives, friends, the aged individual himself, and the community. Service would be directed toward the older persons with limited mental functioning due to mental deterioration, emotional disturbance, or extreme informity, and would focus on their inability to manage their own affairs in such areas as providing for personal and physical needs, planning and decision-making and handling of finances.

Maximum involvement of the elderly in policy making, staff and volunteer roles, should be encouraged.

RECOMMENDATION XXIII

Implementation of Titles I and XVI, Social Security Act

States are urged to fully implement the service provisions of Titles I and XVI of the Social Security Act.

It is inconsistent to acknowledge the need for greatly expanded social services for adults under the Social Security Act and then propose to foreclose this possibility by limiting funding under Welfare Reform. Therefore, it is recommended that funding of social services remain open-ended.

RECOMMENDATION XXIV

The Food Stamp and Commodity Programs

Procedures and arrangements for the certification and distribution of food stamps and commodities should be convenient and protect the dignity of individuals utilizing the programs.

> ***Minority Recommendation***
>
> Procedures and arrangements for the certification and distribution of food stamps and commodities should be convenient and protect the dignity of individuals utilizing the programs. It is strongly urged that States do not have Departments of Public Welfare administer the programs.

RECOMMENDATION XXV

Reforming Public Assistance Laws

Restictive Federal and State public assistance laws

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and regulations which in effect deny benefits and services to otherwise eligible older people should be abolished. It is recommended that: (1) public assistance benefits be based on need without regard to residence or citizenship; (2) minimum standards for benefits should be set at the Federally-defined poverty level; (3) a simple declaration of need should be the basis for determining eligibility; and (4) both lien laws and relative responsibility provisions should be abolished.

RECOMMENDATION XXVI
Improving Title II, Social Security Act

The following recommendations for improvement of Title II of the Social Security Act are made:

——Substantial increase in Social Security NOW and to add funds from the general revenue. Senior citizens (62 and up) should be given a guaranteed income of at least $3,000 per person and $4,500 per couple, per year, plus an automatic cost of living increase.

——No ceilings be placed on earnings for those persons receiving Social Security benefits.

——Widows or widowers eligible for Social Security benefits shall be entitled to receive the full benefits based on their spouse's earnings rather than a reduced portion as a result of their being widows or widowers.

——Persons who have earned Social Security benefits independently, then marry, should be allowed to retain their separate benefits until such time as Congress enacts legislation to increase benefits for married couples.

——That Social Security funds from payroll taxes be supplemented by general revenue funds in order to provide adequate benefits and keep pace with changes in the standard of living.

——Retroactive denial of Medicare benefits should be abolished.

——That home care services under Medicare be broadened.

RECOMMENDATION XXVII
Trained Personnel in Aging

There should be adequate training of personnel to implement proposals in the area of facilities, programs, and services.

RECOMMENDATION XXVIII
Comprehensive Care in Various Settings

Tax funds should be more equitably allocated to maximize the likelihood that older persons will continue to live independently and to help ensure that older persons have a choice of living arrangements. To achieve this, a full range of supportive services must be adequately financed. These services would include visiting nursing, homemaking programs, home-delivered meals, transportation for essential services and all other reasonably necessary services.

Tax funds should also be used to support institutional care and construct facilities. A full range of services—from minimum to maximum care—recognizing cultural differences, should be available in institutions.

A personal care benefit is proposed payable to eligible older persons to enable them to purchase such required services from provider organizations in each community which includes multipurpose service centers. Basic to the ability to continue to live independently is the availability of a national health security program providing comprehensive health care services.

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Space will permit listing of title and address only the first time a name appears.

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SECTION ON GOVERNMENT AND NONGOVERNMENT ORGANIZATION

INTRODUCTION

A total of 221 Delegates was named to the Section on Government and Nongovernment Organization. Information available from their nomination forms indicate that some 21 percent were retired, and 11 percent were members of one of the minority groups.

The majority of Delegates represented organizations whose activities involve the aging directly, if not exclusively. Governmental units on aging at the State and local levels were heavily represented, as were higher level dpartments, chief executive officers, and legislative bodies with broad responsibilities for local and State programs in aging. Other prominent participants in the Section's work included leaders of national, State, and community voluntary organizations, many of them from aged membership groups. Serving also as Delegates were business and labor officials, educators, lawyers, and physicians.

In formulating a total of 12 policy recommendations, the Delegates to the Section on Government and Nongovernment Organization were guided by the preferences expressed by State and local White House Conferences on Aging, and by the earlier Older American Forms. Discussion centered on the paramount problems of developing and sustaining strong and effective organization for and by the aging. Lacking this support structure, policies to meet the needs of the Nation's older people have little chance of adoption, much less implementation. The following set of recommendations are directed toward building the organizational base for action, now and over the coming decade.

SECTION REPORT

Co-chairman Timothy W. Costello opened the Section meeting. He introduced the officials of the Section and invited Co-chairman Fred W. Cottrell to provide the Section Delegates with background and orientation for their work of the ensuing three days.

Co-Chairman's Statement

In this Section we concentrate on means by which older people can secure what they need. We particularly deal with the kinds of organization that are required, as contrasted with such things as changes in the values of individual older people. At times it seems as if we are faced with the same dilemma that confronted a mountaineer who was asked the way to a place on a neighboring mountain; after several false starts at giving the information, he finally said, "Mister, you can't get there from here."

The multiplicity of organizations, the differences between the constituences they were set up to serve, the differences in priority among values assigned by different sets of clients, the relative power older people have in determining what will be done in different parts of government, and in different nongovernmental agencies, make a single rational or logical plan seem unattainable. Perhaps the best we can do is to arrange things so that more of the things that older people want can be secured in an order that reflects their own priorities than has been possible in the past.

The effort to do this required that we find out something about their needs and their priorities, and the way existing organizations work. As a writer of the workbook used in this Section, I had to sample what was going on in all the States, at the national level, in county and local governments, and among at least the leading nongovernmental organizations. I was helped by the fact that since the 1961 Conference we have, through research and demonstration, been learning more and more about the programs and there are now many more knowledgeable people than in any previous times. Later, as Chairman of the Technical Committee, I was also made aware of the fact that both older people and experts are far from being in agreement as to what is wanted, what is being done, how well it is being done, and what changes in organization should be made. It is no wonder then that you may find it hard to discover clear lines to be recommended on the basis of adequate evidence that one rather than another cause will serve all older people better.

In preparing for the Conference, we were trying to cite for you the evidence that led one group to support one kind of organization and that which would cause another to take a different track. We wanted to focus your attention on a limited number of issues so that we would be able to get some action, rather than make so many statements that nobody who was trying to help older people could find out what they most wanted. Because we limited the topics we presented to you, some people suspected that by pointing to these proposals we were also trying to prevent discussion of, or resolutions on, a number of other topics of greater interest to them. This is not so. In the subsections it will be possible for any of you to propose new topics. Dr. Costello has discussed the rules under which we will operate. I am sure you will agree that they give ample opportunity to anyone who wishes to propose new policies, and if supported in your subsection and at Section levels, these will go into the Section report.

The most important thing to remember is that if too many of our proposals conflict with one another, or are contradictory to those which will be coming out of other Sections, we are not likely to be persuasive. What we must do is try to find the greatest common ground on which we can all stand. This may mean that a position held to be of very great significance by a particular minority will not be supported by enough roles to get into the Section report. Those who lose on this issue can take satisfaction in the gains they make on others.

Organization is a difficult subject to deal with. Those who think of it in terms of structure put great emphasis on locating an agency that deals with their concerns high up in the hierarchy of authority. Another point of view holds that it is political "clout" that gives power to any agency. So if somebody in office doesn't have a strong political support in our society at large he can't get much done, no matter where he is located on a chart, or what title he is given. Some of the matters you will have to decide on relate to these two somewhat different ideas about what makes an organization work.

Most of the organizations that deal with the problems of older people were developed to deal with problems that the aging share with other age groups. So, for example, health organizations are built up around the means to prevent or cure disease. Similarly, much public housing was developed for low income people, without reference to whether they are young or old. Organizations were not created so that one agency would deal with the health of older people, housing for older people, transportation for older people, and all other concerns of older people. The structure of government in Washington became what it is under the influence of these "functional" organizations. Here we must decide whether to devise means to increase emphasis on the needs of older people in each of these organizations, or try to create a special structure to coordinate work for the aging independently of the existing departments, divisions or offices.

While we are doing this in our Section, it will undoubtedly be true that other Sections of the Conference, dealing with substantive needs, will also be recommending changes that they think represent the best ways to solve the problems they are dealing with. So if you decide on one approach, you are likely to be supported by those who want "functional" autonomy, and will be opposed by these groups if you try to control all services for the aging in a single department. The conflict will show up not only in the reports of the White House Conference, but also at hearings before the Congress and in State and local government. These are the kinds of considerations we were trying to get you to think about.

In the first White House Conference we were divided over the degree to which older people should demand that there should be a strong advocate of their interests within government itself. Everything that I learned from studies for the workbook, from reactions of the Technical Committees and from Community and State Conferences, supported almost unanimously the idea that the time has come for Government to supply leadership and advocacy of the interests of the aging. This is a position you may wish to support or to question. But the decision as to how strongly government is to advocate the elderly's concerns will have a bearing on all of the subsequent decisions that you make.

There is a general issue facing the country as to whether we are to continue to centralize decision-making in Washington, with a consequent increase in the power of the central government to distribute the wealth and other resources of the Nation. One aspect of this is the way service for older people is to be provided. Shall there be an increase in the power and functions of, say, the Social Security system, which is run almost without reference to State or local government or nongovernmental agencies? Or, on the other hand, should there be "devolution" with many more resources being placed in the hands of organizations that can immediately get feedback which shows them which are and which are not successful programs?

In the research I did, I found very widespread approval of Title III programs which are run by State agencies, though there was a great deal of complaint, too. You will again need to recognize that many other Sections of the Conference will be making recommendations on this issue, and in the post-Conference era you will have to take their support or antagonism to your position into account.

Perhaps I have said enough about the complexity of the problems we face. It has been the genius of the American system that it has overcome almost impossible odds. In spite of the lack of a map or blueprint, I am sure that you will help find a way to get from where we are to where we want to go.

Preamble

The 1971 White House Conference on Aging has been divided into 14 Sections, 95 Subsections, and several Special Concerns Sessions, all considering a staggering array of problems and needs of our Nation's older population. Whatever their decisions, recommendations, and/or proposals, they ultimately must become the concern and responsibility of the Section on Government and Nongovernment Organization, if they are to be implemented.

This Section recognizes that the problems of the aging are statewide and nationwide; they require multiple solutions; they must first have local identification; they cannot and will not be met successfully without the involvement of all government and nongovernment agencies concerned with the aging; they demand a cooperative, correlated approach which extends needed services to all older persons; and they must be underwritten beyond speeches, proposals and laws, by commitments of manpower and sufficient funds.

Further, this Section recognizes that both governmental and nongovernmental agencies must act as advocates for the elderly and be held accountable both for what they do and for what they do not do, to advance the interest of older people.

Whatever organizational patterns are established and/or modified must now include focal points of authority and responsibility at each level of government.

Finally, this Section introduces its own proposals with the recognition that society has grown so increasingly complex and interdependent no individual person and no individual agency can provide for the needs of people through independent efforts. The time has come to develop, support, and enhance an improved and strengthened moving organizational force which will lead to strong reforms and action whereby every older person in our land shall be privileged to live out his life in decency and with a sense of personal worth.

Recommendations

RECOMMENDATION I

Advocacy by Public and Voluntary Agencies

Public agencies should be empowered, and voluntary agencies encouraged, to undertake and/or pursue more vigorously the advocacy of older people's interests, drawing more fully upon direct communication with, and participation by, the elderly and/or their organizations and the general public.

RECOMMENDATION II

Government Organization for Aging

At all levels of government, a central office on aging should be established in the Office of the Chief Executive, with responsibility for coordinating all programs and activities dealing with the aging, fostering coordination between governmental and nongovernmental programs directly and indirectly engaged in the provision of services, and for planning, monitoring and evaluating services and programs. Each operating department should establish the post of Assistant Secretary for Aging with responsibility for maximizing the department's impact in relation to the needs of the older person. A coordinating council should be established in each central office of aging to be chaired by the director of the office, and should include the several department assistants on aging.

At the Federal level, this central office should be implemented with the authority and funding levels and full-time staff needed to formulate and administer policy, and should be assisted by an advisory council, and should be required to make an accurate and comprehensive annual report on its progress in resolving problems and meeting goals. This White House level office should have enough prestige and resources to assure that it will encourage the development of parallel units at the State and community levels.

RECOMMENDATION III

Intergovernmental Relationships

Relationships between agencies in aging and other public agencies should be characterized by mutual adjustments and cooperation at all governmental levels and by durable joint agreements of responsibility for research, comprehensive planning, and provision of services and facilities, and should be based on and directly responsive to older Americans' opinions and desires at the grass roots levels.

RECOMMENDATION IV

Governmental Funding and Standard Setting

Governmental responsibility, particularly for providing funds and establishing standards, must be emphasized if the necessary facilities and services are to be made available to older people. The delivery of services should make maximum use of voluntary and private organizations which can meet the standards established by government in consultation with consumers and the providers of service.

RECOMMENDATION V

Coordination and Support Policies

Overall agency activities in aging should be planned and organized to provide coordination and support in both vertical and horizontal dimensions. Local agencies should participate in the formulation of State plans; State agencies should participate in the formulation of comprehensive plans and national policies. Such interrelatedness should include governmental and nongovernmental organizations, private and voluntary agencies, and representatives of the elderly.

RECOMMENDATION VI

Private and Voluntary Efforts

Government at all levels should encourage and foster the participation of private enterprise and voluntary organizations, including those whose membership is drawn from among the elderly. Such efforts to meet the needs of older people should include: pilot research and demonstration projects, direct service programs, self-help programs, informational, educational and referral services, planning and training programs.

RECOMMENDATION VII

Entitlement to Services

Basic facilities and services should be provided as rights to which all older people are entitled and the opportunity to share these facilities and services ought to be available to all older people, while the adversely circumstanced must be entitled to special consideration.

RECOMMENDATION VIII

Rights of Older People

All efforts to meet the needs of older people, whether by governmental or private and voluntary agencies, should be consistent with: (a) the First Amendment freedoms of association and expression; (b) the right to participate in government-sponsored programs free from religious, racial, ethnic and age discrimination; and (c) protection of one's person and property, particularly in institutional settings.

RECOMMENDATION IX

Accountability for Policies on Aging

The integration of governmental activities in the field of aging should be improved by the Federal agencies, showing greater appreciation of the fact that the principle of accountability applies from the Federal to the State level, as well as from the States to the Federal adminisration. Federal accountability to the States should provide sufficient lead time when Federal policy and administrative changes are to be announced, as well as prior consultation regarding changes in appropriations. Federal agencies also should improve their communication with State units on aging to provide advance clearance of direct Federal grants to individuals, organizations and agencies.

RECOMMENDATION X

U.S. House of Representatives Special Committee on Aging

A special committee on the aging should be established in the United States House of Representatives, functioning in a comparable role to that of the United States Senate Special Committee on Aging.

RECOMMENDATION XI

Reordering National Priorities

National priorities must be reordered so as to allocate a greater share of our Nation's resources to meet the needs of its older citizens.

RECOMMENDATION XII

Post-Conference Action

Means should be found for a continuing "Conference" on the aging to aid in the follow-up of the recommendations of this White House Conference on Aging, which also would extend beyond the announced follow-up year of 1972 and even until the next White House Conference on Aging.

SECTION LEADERSHIP

Space will permit listing of title and address only the first time a name appears.

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SECTION ON PLANNING

INTRODUCTION

A total of 164 Delegates was named to the Section on Planning. Information available from their nomination forms indicates that some 15 percent were retired, and 11 percent were members of minority racial groups.

The participants in the Planning Section represented a wide range of professional and technical occupations. Approximately one-sixth of the Delegates held positions commonly associated with the field of planning. Among them were members of community and State planning councils, specialists in program development and coordination, directors of areawide planning programs, financial planners, persons employed in the area of community services and research, development consultants, and professors of politics, community affairs, and social welfare. Because of its technical knowledge and experience, this group was well prepared to guide discussion toward the development and formulation of recommendations to achieve long-range comprehensive planning in the field of aging.

Other participants in the Section were leaders of senior citizen groups, State representatives, social workers, attorneys, professors, gerontologists, executives representing State and local governmental units, and elderly persons themselves.

The Section on Planning adopted 12 recommendations. The recommendations call for action which will focus responsibility for planning at all levels of the public and private sectors, as well as provide for the coordination of planning activities in aging. Emphasis is placed on the importance of giving special consideration to the problems of racial and ethnic minorities in planning programs and facilities that will adequately serve the older population. Underlying these recommendations is a strong insistence that planning, undergirded by comprehensive research and professional training programs, is a vital instrument for making the kinds of policy decisions that will have lasting and significant benefit for the Nation's elderly.

SECTION REPORT

Preamble

Many Americans have found their later years to be a time of new opportunity, fulfillment and growth. It is the belief of the Section on Planning that thorough and sound planning in aging is most important if such an old age for most Americans is to become a reality.

Planning in aging is a process through which our society must determine those steps to be taken in achieving the goals and objectives of both older persons and those who will one day be elderly. Planning for the future is the real means of changing the conditions of old age for the better. Planning must include both the forming of goals and a weighing of the advantages and disadvantages of any plan of action. Good planning requires knowledge of needs, resources and priorities. Information based on solid research is a basic tool in good planning.

Too much of our planning for aging has been on a short-range basis—going from crisis to crisis. While some movement toward long-range planning has been made by a number of both governmental and private groups, many feel that short-term patchwork planning has characterized planning efforts.

Planning, which aims at the long-range needs of the elderly and attempts to look into the future to anticipate needs which may arise in years to come, is needed. Many of the needs of our present older citizens will be the same as the needs of Americans who are now young. When they are older, some needs may be different. Great social changes, which may take years to accomplish, may be needed. Inflation, overcrowding, population growth, environmental concerns, mobility and growth of government, and the lessened ability of an individual citizen to plan for the future makes planning needed for today, tomorrow, and for years to come.

Planning must not be confused with delay. It must never be used as an excuse for inaction. We must understand that "action now" is not contrary to the need for long-range planning. Instead, the funds spent on good planning mean that the programs which are developed are meaningful, well thoughtout, and truly effective. More, rather than less, time and money may be needed.

Our Nation is constantly setting goals for itself in all areas of national concern. In the field of aging, as in other areas of concern, the priorities which we as a Nation set are most important. Indeed, the very place that we give to the needs of our present older citizens will be the same as determined by the action we take now. Planning without action would be a cruel hoax. Action without planning would be an expensive exercise in futility.

The following policy proposals represent the feelings and attitudes of Delegates representing all sections of America. Elderly Americans, planners, citizens involved in both the planning and delivery of services to the elderly were represented in each Section of the Conference. Planning to identify and state the needs of the elderly, planning to develop methods of meeting those needs, planning to find the means to generate support and galvanize the Nation to action—each step of the way needs clear guidelines. The policy proposals herein may assist in finding our way.

Recommendations

RECOMMENDATION I

Governmental Planning in Aging

To be responsive, planning must involve inputs from many segments and sectors of our society. To be effective, this planning must be comprehensive and coordinated. The planning efforts of government should continue to constitute the basic means through which the Nation plans in aging. We must recommend that government at all levels be required to provide opportunity for significant involvement of the nongovernmental sector and consumers in the decision-making process.

RECOMMENDATION II

An Executive Office on Aging

A separate entity should be created within the Executive Office of the President through legislation and charged with the responsibility for comprehensive planning and advocacy in aging.

This entity should have resources (e.g., authority, funds, staff) adequate to meet this responsibility. The Administration on Aging should be retained within the Department of Health, Education, and Welfare, but it should be raised to the status of an independent agency within the Department, reporting directly to the Secretary.

There should be an interdepartmental committee with representation at the Secretarial level to be chaired by the senior Federal official on aging.

RECOMMENDATION III

Planning Units in Aging

There was recognition of the urgent need for a commitment within each State government to provide comprehensive planning in aging.

It is recommended that this could best be realized by the establishment of a separate entity dedicated to comprehensive planning in aging within each State government.

The leadership planning mechanism at State and local levels should, to the extent possible, parallel the mechanism at the Federal level. Where appropriate, such planning at the local level should be undertaken on a regional, e.g., multi-county basis.

Comprehensive planning at the local level should be encouraged, but the mechanism left to local option. This effort should embrace a partnership between the governmental and voluntary sectors of our society.

RECOMMENDATION IV

Technical Assistance for Non-State Jurisdictions

Adequate technical assistance and consultation in planning for meeting the needs of the elderly shall be provided in territories, possessions and other non-state jurisdictions of the United States.

RECOMMENDATION V

Coordinated Comprehensive Planning

Planning activities in aging of the three levels of government should be related to each other, and planning at State and local levels should receive financial support from the Federal government.

In order to insure that coordinated comprehensive planning functions at State and national levels are meaningful and effective,[1] priorities and service needs should be identified at the local level. Federal funds should be provided for local planning in aging and be channeled through State units on aging which in turn will allocate funds to regional and local planning bodies for this purpose.

Federal agencies should be directed to assure that any Federal planning grants which have implications for human services, whether made to States or localities, shall require specific planning for the special needs of the aging. During all planning stages, the development of the plan shall be coordinated with the State agency on aging.

There should be basic mechanisms established to provide coordination of planning activities in aging at all three levels of government and across department lines. These should include regional forums organized by the Federal Regional Councils, and systematic Federal and State evaluation of planning in aging.

In order to allow maximum flexibility at the State and local levels for innovation, Federal funds in the form of bloc grants without restriction should be set aside for long-term planning in aging.

RECOMMENDATION VI

Making Service Programs More Responsive

The planning mechanisms that have been developed in communities and at the State and national levels should increase their efforts to make multigenerational programs and services more responsive to the concerns of older persons and more effective in meeting their needs. In instances in which multigenerational programs and services cannot be made responsive enough to meet the needs of older persons, new or expanded programs planned specially for the elderly should be developed.

RECOMMENDATION VII

Criteria for Planning Staff for Aging

Planning in aging should be based upon experience and expertise of professional and paraprofessional personnel and specialists in aging with the total involvement on an early and continuous basis of a majority representation of the elderly, including racial and ethnic minority groups. This involvement should be guaranteed in all planning for the elderly at the Federal, State and local levels. Age alone should not be the ruling factor in planning; thus, middle-aged and young persons should be included.

RECOMMENDATION VIII

Elderly under Revenue Sharing

The Section expressed grave concern about how the elderly might fare under revenue sharing arrangements. However, if Federal revenue sharing is enacted, enabling legislation should provide for protection of the interests of the elderly.

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[1] A minority report based upon a vote of 37-32 on this paragraph provided for conclusion of the paragraph as follows: "planning agencies at all levels must be responsive to needs and priorities identified at the local level. In general, Federal funds should be provided for local planning in aging and channeled through State units on aging, which in turn will allocate funds to regional and local planning bodies."

RECOMMENDATION IX

Priorities for Minority Groups

Racial and ethnic discrimination and its attendant consequences have condemned substantial numbers of minority elderly to low levels of income and inadequate health and housing provisions. Too often, these minority groups of the elderly have not had the resources or capacity to stand up for their rights, nor have governmental agencies and citizens' organizations adequately served as advocates for them. Therefore, planning for aging must take priority cognizance of the above problems and seek to correct and eliminate them.[1]

While we must improve the quality of life for all the aged, our top priority must go to those who suffer most. America must address itself first to the needs of the elderly poor.

RECOMMENDATION X

Responsibility, Accountability, Responsiveness

If planning is to be more than an exercise in rhetoric, it is imperative that there be appropriate authority, responsibility and accountability; and that there be bridges linking those who plan programs, those who administer programs, and the consumer. To these ends we recommend that:

—The Federal planning organization must annually review and publicly report on its proposals;

—The Federal planning organization shall review proposed legislation and executive activities to evaluate their possible effects upon the status of elderly persons;

—Administrative agencies annually evaluate and report on the effectiveness of their programs;

—Federal agencies be empowered to take steps to insure that Federal programs administered at the State and local levels are in conformity with stated guidelines and objectives of programs;

—All planning should include the use of existing private resources, both proprietary and nonprofit.

RECOMMENDATION XI

Planning and the Budgetary Process

Planning should be linked to the budget process and, therefore, we recommend that a copy of the planning and priority strategies for the elderly be submitted to the elected and executive public officials who have a direct role in the budgeting and appropriations processes.

RECOMMENDATION XII

Reordering National Priorities

In the final analysis, planning in behalf of aging stems from the basic values of society. Those values are translated into goals, objectives and priorities. As planning for aging proceeds, it will be necessary to address these values and priorities. In planning the allocation of resources, we urge that the aging receive a fair share of national wealth. This should be accomplished through a reordering of priorities at all levels to increase the commitment of national resources to meet human needs.

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Guy R. Justis, Public Welfare Administrator, American Public Welfare Association, Chicago, Illinois

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[1] A minority report based upon a vote of 22-19 on this paragraph provides for deletion of the sentence: "Therefore, planning . . . and eliminate them." and inclusion of a substitute sentence reading: "Therefore, planning for aging must take special cognizance of institutionalized prejudice."

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SECTION ON
RESEARCH AND DEMONSTRATION

INTRODUCTION

Aging is one circumstance which affects every individual, and growing old will be the fate of all those privileged to live as long as seven or more decades. In view of this universality of the aging process and the certainty of its eventual outcome, it is surprising that a major research effort to ferret out its nature and its personal and societal consequences has not been made a national priority. Instead, Federal support for research on aging has been relatively minimal in comparison to that provided for conditions to which only a limited segment of the population will succumb. Most of the funds have been allotted to medical and health-related studies, while support for the social-behavioral and biological components of aging has been very minimal indeed. Under these circumstances, research scientists have not generally elected to invest their time and skills in investigations related to aging.

It is knowledge of these facts which is reflected in the eight recommendations formulated by the Section on Research. Among the 93 Delegates named to the Section were representatives of the several gerontological research centers and individual investigators from faculties of universities and independent research organizations. Thus, the Section participants were well qualified for formulating a set of consistent research policies which, if adequately funded, would significantly increase our knowledge and control of the aging process, and at the same time could guide social action to insure the preservation of a meaningful way of life throughout old age.

SECTION REPORT
Preamble

To cope with the problems of older persons we must understand the nature of the difficulties they face, as well as the nature of the aging process in its various biological and social-behavioral dimensions. Research, demonstration, and evaluation are basic tools by which a society produces the knowledge it requires to deal with the problems of its people and to improve the quality of individual life.

Industry has long recognized the importance of research and has typically allocated from two to ten percent of its industrial operating budgets to research and development. In governmental programs, just as in industry, research is required to achieve accountability, cost-efficiency in quality, and utilization control. To achieve these objectives, substantial research is necessary, in aging as in other areas, yet government research in the aging area remains at an impoverished level.

The principal reasons for this critical state of affairs appear to be:

——A long history of governmental and societal neglect of its responsibility toward the elderly.

——An inadequate level of funding for immediate and long-range programs to improve the quality of life for older Americans.

——An inadequate administrative structure to advocate, coordinate, implement, and administer research programs involving aging and the aged.

Recognizing this past neglect and urgent current needs, we affirm that the time has come to accelerate research efforts aimed at understanding the basic process of aging and alleviating the suffering of those who encounter difficulty in adapting to this phase of life. For the above reasons, the total Federal research and demonstration expenditure on problems of the aging must be increased. Research and demonstration serve a pivotal role, and we advocate a greatly expanded funding base for this purpose. Equally important is the development of an overall, integrated, consistent funding strategy which will permit the problems of aging to be addressed in a balanced and coordinated manner encompassing both the biomedical and social-behavioral sciences. We cannot separate the improvement of the quality of life from the understanding of the biomedical and social-behavioral origins of aging and the aging process. In addition, there must be provisition for theoretical research which will prepare us for aging in the future.

Research and demonstration on problems of the aged must take into account the fact that significant differences in aging processes exist within an individual, between individuals of the same age, and between various aged groups. We should give special consideration to the unmet needs of older Americans who belong to minority groups and those with special problems, e.g., the impoverished, the rural, the isolated, and the mentally ill. Retired technical and scientific personnel should be utilized in research. While women are not a numerical minority, they are underrepresented in high-level research and academic positions and should be given representation at decision-making levels in research and demonstration.

In an effort to give greater visibility, impact, and opportunity for practical implementation of these research principles, the Delegates to the White House Conference on Aging Section on Research and Demonstration recommend the following policy proposals.

Recommendations

RECOMMENDATION I

A National Institute of Gerontology

It is recommended that a National Institute of Gerontology be established immediately to support and conduct research and training in the biomedical and social-behavioral aspects of aging. The Institute should include study sections with equitable representation of the various areas involved in aging research and training.

RECOMMENDATION II

Executive Office on Aging

It is recommended that the President propose and that the Congress create a position within the Executive Branch with sufficient support and authority to develop and coordinate, at all levels of the government, programs for the aged, including research and demonstration programs, and to oversee their translation into action.

RECOMMENDATION III

Federal Funding of Research and Training

It is recommended that a major increase in Federal funds for research, research training, and demonstration be appropriated and allocated. Appropriation of general revenues for programs in the interests of older persons should contain additional funds amounting in the average to no less than 3.5 percent of such expenditures, these additional funds to be allocated for research, demonstration, and evaluation. Federal support of research and training in separate departments or schools within universities and separate research agencies should be continued and multidisciplinary and multi-institutional programs should be fostered.

RECOMMENDATION IV

Funding Minority Research and Training

It is recommended that funds for research, training for research, and demonstrations, should be allocated in the aggregate in such a manner that the above activities (Recommendation III) relevant to aging and the aged in racial and ethnic minority groups, be funded in an amount not less than their proportion of the total population. Attention should be given to the recruitment and training of minority group students to become competent researchers in gerontology. Minority groups would include but not be limited to the following: Blacks, Spanish-language Americans, American Indians, and Asian-Americans.

RECOMMENDATION V

Recruitment and Training of Women

High priority should be given to the recruitment and training of capable women and the representation of such women in bodies which have responsibility for allocation of training and research funds.

RECOMMENDATION VI

Clearinghouse for Research Findings

The Administration on Aging, or other appropriate clearinghouse, should be charged with and allocated adequate resources for collecting and disseminating current research findings in the field of the aging and for making these findings relevant and available to practitioners.

RECOMMENDATION VII

Prompt Allocation of Appropriated Federal Funds

Appropriated Federal research, demonstration, and training funds should be apportioned and allocated promptly; and programs for which such funds are appropriated, whether intramural or extramural, should be implemented with adequate staff without delay.

RECOMMENDATION VIII

Federally-Funded Demonstrations

More adequate procedures should be developed within the Federal Government to assure the continued operation and funding of those Federally funded demonstration projects which have been proven successful after evaluation.

SECTION LEADERSHIP

Space will permit listing title and address only the first time a name appears.

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Nathan W. Shock

Marvin J. Taves

SECTION ON TRAINING

INTRODUCTION

The Section on Training was concerned with the preparation of personnel to work in service, research, and teaching positions in the field of aging. It was not concerned with the education of older people themselves except as they are included among those preparing for work in aging.

The Delegates to the Section on Training were well aware that if the policies and programs being proposed by the other Conference Sections were to be implemented, there would be need for the immediate recruitment and training of new personnel at all levels. And, concomitantly, there would be required a significant increase in the number of educational institutions offering training in aging. Discussion of the Section, therefore, focused on how best to bring about the necessary expansions in manpower and in training opportunities in aging and related fields.

Although the Delegates named to the Training Section numbered only 111, they included representatives of practically all the country's major research and training centers in aging. These educators, together with the practitioners serving the older population, constituted a group that was well qualified to delineate policies required to meet urgent manpower needs, including the inservice training of persons already employed in the field of aging.

The Section on Training adopted 12 recommendations, but almost all the other Conference Sections and the Special Concerns Sessions also gave attention to the manpower shortages and outlined policies and strategies for increasing the number and range of training opportunities in aging. Special emphasis was placed on the particular need for training minority personnel to serve the elderly of their own racial or ethnic groups.

SECTION REPORT

The Section was called to order by Co-chairman Hirman J. Friedsam who introduced the Section leaders. He then called upon Co-chairman Dr. George Reader to provide background for the work of the Delegates over the ensuing three day period.

Dr. Reader reviewed the basic characteristics of the older segment of the population and pointed out the implications of aging in America.[1] He stressed the fact that if such a large population group is to be well served, it is necessary to train a large cadre of technicians and professional workers to plan, research and provide the assistance needed. The rapidly expanding social concern for older people, and increased Federal, State and local support of programs to save them, is resulting in a manpower shortage which promises to be of crisis proportions. For this reason, Dr. Reader emphasized the particular opportunity the Delegates in the Training Section had to propose policies designed to help overcome the manpower shortages.

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[1] See Reader, George G. Implications of Aging in America, *Medical News Service: Geriatrics*, 1971.

Preamble

Older persons continue to increase in numbers. Their needs have not been met because we have failed to act. There is, therefore, an immediate urgency to deal with these matters. The resolution of these significant human problems requires a large cadre of personnel trained in and committed to the field of aging. What is necessary is the development of innovative and creative programs to provide training for the total range of occupations providing services to older persons, and specifically for professional and scholarly programs preparing people to work in the field of aging. As new service delivery systems are developed, new modes of training and new types of personnel will be required.

In considering the training requirements for service to the older population, we are still mindful of the fact that adequate income maintenance and sufficient health care are basic necessities. There is a need for a minimum income level which will lift all older people out of poverty. Furthermore, we are also convinced there is present urgent and massive need for expansion of programs which will provide employment opportunities for the elderly in constructive activities.

At present there is little training and education in the field of aging. During the 1970's the task facing those who are responsible for training is one of substantially increasing the amount of training available. While there has been some progress and there are high quality programs in a few locations, most States do not have any appreciable amount of training of any type related to problems of aging.

The need for training exists at different levels for many types of persons and for many types of subject matter. Retired persons, mature adults, students making career choices, volunteers, and members of minority groups must be recruited to work in aging and trained for this work. The decade of the 1970's is the decade in which major plans for training must be put into effect. Alternatives must be evaluated so that the following decades will be marked by a notably higher level of training and consequent improvement of programs for the aged.

Crucial to the national effort to provide training at all levels is the development and implementation of programs to train the trainers. Research now provides a base of understanding and learning which makes it possible to develop meaningful, specifically designed programs for further training in aging.

The following are the recommendations and policy proposals emanating from the Section on Training of the 1971 White House Conference on Aging.

Recommendations

RECOMMENDATION I

Level of Funding of Training Programs

A fully developed training policy must focus on both the immediate needs of the present aged population and the future needs of the aging, through innovation of far reaching policies and programs. To accomplish the training of needed personnel, the present levels of funding in all government agencies concerned with aging must be substantially increased immediately in order to increase the supply of all types of manpower: technicians, paraprofessionals, professionals, planners, researchers, teachers and volunteers. Training must be conducted in appropriate settings both within and outside of educational institutions.

RECOMMENDATION II

New Federal Agency for Aging

Given that training in aging is lagging seriously behind the proven need, there is consensus that responsibility for the development of a vigorous national plan and continuing monitoring of training of manpower in aging should be lodged in a new Federal agency for aging adequately financed and with the power to coordinate Federally supported training programs in aging.[1]

RECOMMENDATION III

Planning Bodies for the New Agency

In discharging its responsibilities, the new Federal[1] agency should include representatives of training organizations, private non-profit foundations, scientific and professional organizations, organizations of older retired persons, and other concerned groups in all planning bodies which formulate policies on training.

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[1] *Minority Position:* One third of those voting believed that there should be a single but not necessarily new Federal agency for aging.

RECOMMENDATION IV

Training Centers in Aging

Multidisciplinary research and training centers of excellence in gerontology with a relationship to service-delivery systems should be developed, and research and training should be fostered in a wide range of colleges, universities and other institutions. Innovative and experimental efforts in training must be encouraged. Each center should develop a network of effective relationships with other educational and service agencies to disseminate information and promote implementation of activities in aging.

RECOMMENDATION V

Support for Manpower Training in Aging

In addition to increased Federal support for training programs in aging there should be an acceleration of support for training in aging from State appropriations, foundation grants, private donations, and regular agency budgets. All service programs for older people should contain earmarked funds for the training of personnel.

RECOMMENDATION VI

Recruitment for Training in Aging

Funds for recruitment and support of personnel to be trained in aging should be allocated without priority based on sex or age. Special inducements —traineeships, scholarships, tuition grants, loans —should be offered in order to recruit personnel (particularly those from ethnic and minority groups) into careers in aging.

RECOMMENDATION VII

Funding Training for Minorities

Because of the needs and problems that exist among the aging of the economically and socially disadvantaged, funds should be earmarked at all levels of training and research for Blacks, Chicanos, Puerto Ricans, Asians, Indians, and other disadvantaged groups. All training programs funded on Federal, State and community levels should actively recruit faculty and trainees from these groups.

RECOMMENDATION VIII

Curricula in Aging

In order to develop adequately trained persons in health, allied health, and other professional fields such as law, architecture, social work, etc., subject matter on aging must be inserted into preservice and inservice curricula of professional schools immediately. In addition, emphasis should be placed on the development of community college level certificate and degree programs and programs in vocational and technical institutes as well as other local programs for personnel who deliver services to the older population. Teacher training programs should include positive concepts regarding the aging process and the older person for incorporation into elementary and secondary school curricula.

RECOMMENDATION IX

A National Institute of Gerontology

We urge the creation of an adequately funded National Institute of Gerontology for training and research. A substantial portion of the funds allocated to it should be earmarked for training.

RECOMMENDATION X

A National Data Bank

A national data bank and retrieval system similar to, or parallel with, the education research information center (ERIC) should be established to convert, translate, interpret, and make available all research knowledge and curriculum materials in aging to all training and research and demonstration programs.

RECOMMENDATION XI

Determining Manpower Need

Recruitment and training will be to no avail if there is no corresponding increase in services. Therefore, recruiting should be related to useful job opportunities. Financial support for new service positions should be provided in balance with support of training programs.[1]

RECOMMENDATION XII

Reordering National Priorities

To insure the dedication of the Federal Government and our country in this period of life as opposed to death, we strongly urge Congress to reorder its priorities and divert funds from the military to human needs.[2]

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Space will permit listing title and address only the first time a name appears

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Management Officer

Marian H. Miller

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[1] *Minority Position:* One-fifth of those Delegates voting were opposed to this recommendation for a variety of reasons.

[2] *Minority Position:* One-fourth of those Delegates voting were opposed to this recommendation.

Subsection Officers

Subsection 1

Chairman

Rosamonde R. Boyd, Chairman, South Carolina Commission on Aging, Columbia, South Carolina

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Reports of the
Special Concerns Sessions on

HEALTH CARE
STRATEGIES

LONG-TERM CARE FOR OLDER PEOPLE

Adequate long-term care has become a priority need for older people. The demand for supportive, preventive, and rehabilitative services has long exceeded the ability of the health delivery system to meet it. At present, long-term-care facilities and services are in short supply and many are of substandard quality. To encourage Delegates to consider these critical problems and to propose policies designed to solve them, a request was made by the National Association of Jewish Homes for the Aged for inclusion of a Special Concerns Session on **Long-Term Care for Older People** in the Conference program.

Joining the National Association of Jewish Homes for the Aged as members of the planning committee were representatives of the American Association of Homes for the Aged, American Association of Retired Persons-National Retired Teachers Association, American Lutheran Church, American Medical Association, American Nursing Home Association, Evangelical Lutheran Good Samaritan Society, National Conference of Catholic Charities, National Council of Health Care Services, National Council of Senior Citizens, Presbyterian Church of the United States, and the United Methodist Church.[1]

The planning committee was assisted by several Federal agencies within the Departments of Health, Education, and Welfare, and Housing and Urban Development.

The Participants

This Special Concerns Session attracted a substantial number of Delegates. More than 450 persons preregistered for the Session—making it the largest of any of the Conference 17 Special Concerns Sessions. Still many other Delegates and observers joined them during the 4-hour meeting. In order to provide for greater involvement of participants in the discussions, the Session was subdivided into six relatively small groupings of from approximately 60 to 75 persons.

Participants in the Session included persons responsible for planning, standard setting, and regulating various types of long-term care facilities. In addition, there was a large component of those actively engaged in the delivery of health services and others who, because of age, had special interest in the availability and quality of such services.

The Program *(See Program on next page)*

To provide Delegates with some background of the present situation in long-term care for older people, the American Association of Retired Persons-National Retired Teachers Association put together three case histories which dramatized the plight of the sick, socially dependent elderly seeking admission to long-term care facilities. The Delegates were also provided with summary sheets which briefly outlined present programs—particularly Federal programs—for long-term care facilities.

Prior to the Session meeting, the planning committee developed five basic topics to serve as an outline for the discussion. This made it possible for each of the subgroups to consider the same subject areas in developing their recommendations. The five topical areas, listed below, were designed to include consideration of both institutional and non-institutional care: (1) Scope of Benefits, Services, and Facilities, (2) Eligibility, (3) Financing, (4) Monitoring and Accountability, and (5) Implications for National Policy and Programs. A panel of listeners selected from both the public and private sectors was invited to react to the recommendations and to urge their respective agencies and organizations to take a lead in improving and expanding long-term care facilities and services for older Americans.

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[1] See Roster of Planning Committee, page 109.

The Session formulated 20 recommendations, two of which were defeated but are reported here to provide a clear picture of all of the basic questions considered by the Delegates to the Special Concerns Session on Long-Term Care for Older People.

1971 WHITE HOUSE CONFERENCE ON AGING

PROGRAM

LONG-TERM CARE FOR OLDER PEOPLE

Chairman

CHARLES J. FAHEY, Chairman, Commission on Aging, National Conference of Catholic Charities, Syracuse, New York

Vice Chairman

HERBERT SHORE, Executive Director, Golden Acres, Dallas Home and Hospital for the Aged, Dallas, Texas

Summarizers

JEROME HAMMERMAN, Professor, University of Chicago, School of Social Service Administration, Chicago, Illinois

ELIZABETH CONNELL, Director of Public Relations, National Council of Health Care Services, Washington, D. C.

Panel of Listeners

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ROBERT VAN HOEK, Deputy Administrator for Health Services Delivery, Health Services and Mental Health Administration, Public Health Service, Department of Health, Education, and Welfare, Rockville, Maryland

AGENDA

8:00 A.M. —Introduction
8:15 A.M. —Case Histories
8:45 A.M. —Perspectives and Ground Rules
9:00 A.M. —Discussion of Issues and Voting
11:45 A.M. —Summary
12:00 Noon —Adjournment

THE SESSION REPORT

Preamble

The Special Session on **Long-Term Care for Older People** is concerned about the development of a National Policy on Long-Term Care. We meet within the context of a growing national involvement in this area.

It was only in the 1930's that the Federal Government became deeply involved in human services. We meet within the context of disclosures in many cities of inadequate nursing home care. We are aware of Ralph Nader, Congressman David Pryor, and now the views of Health, Education, and Welfare Secretary Elliot Richardson. We hope that the commitment of the Administration to standards will be matched by a concomitant commitment to adequate funding of long-term care.

We recognize that long-term care involves not only inpatient care but also services to people in their own homes as well.

Our focus should be upon the individual and making the right to adequate long-term care a reality.

Recommendations

1. It is recommended that all long-term institutional care aspects of the Title XIX (Medicaid) program be completely federalized. By federalization is meant funding shall come from Federal general tax revenues; that a uniform minimum level of benefits be set on a national level; and that standards be uniform nationally.

It is further recommended that payment to institutional providers of long-term care be made on such basis as to cover the cost of providing that care, and, in the case of proprietary facilities, to allow a fair return on investment. Payment to facilities is not necessarily to be the same in dollar amounts, but is to be computed using the same formula nationwide.

2. It is recommended that Medicare-type cost reimbursement be specifically discouraged and that prospective rate setting be encouraged with proper incentives to encourage the providing of good patient care.

3. It is recommended that the problems and feasibility of transferring the long-term institutional care aspects of the Medicaid program to the Medicare program be intensively studied.

4. It is recommended that the Department of Health, Education, and Welfare work to change the primary emphasis in nursing home inspections from physical plant standards to direct patient care.

5. It is recommended that a national policy on long-term care needs must have mechanisms for being implemented and financed; that supplementary resources are needed to be allocated to means of financing alternate care; that this is a reason for low standards of care in many long-term care institutions; that we need a change in national priorities to human needs; and that we call upon the government to change our national priorities, shifting some of our resources from defense, foreign assistance, and space priorities to the needs of our elderly citizens to implement a national policy on long-term care.

6. It is recommended that a Presidential Commission on Mental Health and Illness of the Elderly be established.

7. It is recommended that any national health insurance program which is adopted should meet the needs of those who require catastrophic, long-term physical and mental health care and social services both within and outside of institutions.

8. It is recommended that, to encourage the physician to accept responsibility for the medical care of patients in long-term care facilities, the coverage limitation of one physician visit per patient per month in nursing homes be eliminated and that physicians be allowed to see patients as often as is deemed necessary by the professional staff as the patient's condition warrants.

It is further recommended that the physician be reimbursed at his reasonable established fee level

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without reduction for seeing several patients during one visit in extended care, skilled nursing, and nursing facilities.

9. It is recommended that more registered nurses be placed in leadership positions in all programs involving health care of the elderly at all governmental levels.

10. It is recommended that preventive and restorative dental care benefits be made available for all persons over age 65, and that those benefits be fully funded by the Federal Government for those who cannot afford to pay for such care.

11. It is recommended that an appropriate expression of appreciation be made to Dr. Arthur Flemming, Chairman of the 1971 White House Conference on Aging, for his efforts in making the Special Session on Long-Term Care possible.

12. It is recommended that the provision of care and services for the aged be removed from Title XIX (Medicaid) and Title XI, and that all health care for the aged be provided under an expanded Title XVIII (Medicare) program. It is further moved that health care be provided to all aged as a matter of entitlement; all persons should be covered and means tests presently in use under Title XIX be abolished.[1]

13. It is recommended that the Secretary of Health, Education, and Welfare study the feasibility of health facilities (i.e., hospitals, nursing homes, extended care facilities, etc.), including long-term care facilities, becoming public utilities and that his report be submitted as part of the post-White House Conference on Aging report by December 31, 1972.[2]

14. It is recommended that social services, as part of the team approach, are important to guarantee quality care of the elderly in long-term institutional care and should be supported by legislative action.

15. A proposed recommendation that Federal requirements for State participation in Federally supported health care programs include a requirement that inspectors and surveyors of nursing homes hold currently valid licenses as nursing home administrators in the States in which they work, plus special preparation in inspection of long-term care facilities, was defeated.

16. It is recommended that there should be Federal financing available for the construction of nursing homes and health facilities. It is further suggested that this financing take the form of a 40- to 50-year loan with a three to five percent interest rate or a guaranteed loan system.

17. It is recommended that in the interests of the patient, standards and guidelines which carriers use in making their decisions on coverage be readily available to professionals helping to effect their care.

18. A proposed recommendation that the element of profit be eliminated from the care of persons and that the profit factor be confined to a limited return on equity capital, meaning a profit in the form of rental of land, buildings, improvements and furnishings, over and above the actual cost of the care and services provided, was defeated.[3]

19. It is recommended that appropriate Federal and State regulatory bodies and consumer protection agencies be urged to take appropriate action to protect the public by curbing the misleading and exaggerated mass media solicitation and advertisement of voluntary health insurance programs to the elderly and the general public.

20. It was recommended that the Department of Health, Education, and Welfare consider the feasibility of national certification for consultant pharmacist to separate the "paper" consultant from the bonafide consultant pharmacist and that the Department also explore the possibilities for reasonable reimbursement of consultant pharmacists for consulting services.

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[1] The Session was divided on this motion because of some deep-seated reservations about the suitability of the Medicare program as a vehicle for meeting total health care needs for the elderly.

[2] The Session was divided on this issue because some Delegates have serious reservations regarding the concept of making health facilities into a public utility.

[3] The minority view holds that the Senator Percy hearings highlighted the fact that nursing home patients are not receiving quality, comprehensive programs of care. This is most significant, in the minority's view, since most nursing home patients are public aid recipients. The minority feels that the taking of profits from the delivery of care additionally and substantially reduces the number of dollars available to provide the care needed.

Roster of Planning Committee

Nongovernment

Herbert Shore, (Chairman), Executive Director, Golden Acres, Dallas Home and Hospital for the Aged, and Executive Vice-President, National Association of Jewish Homes for the Aged, Dallas, Texas

Berkeley Bennett, Executive Vice-President, National Council of Health Care Services, Washington, D. C.

Elizabeth Connell, Director of Public Relations, National Council of Health Care Services, Washington, D. C.

Charles Fahey, Chairman, Commission on Aging, National Conference of Catholic Charities, Syracuse, New York

Herman Gruber, Secretary, Committee on Aging, American Medical Association, Chicago, Illinois

Eugene Hackler, Attorney-at-Law, Hackler, Anderson, Londerholm, Speer and Voder, Olathe, Kansas

Jerome Hammerman, Professor, University of Chicago School of Social Service Administration, Chicago, Illinois

Gordon Hanson, Secretary, Division of Christian Social Service, Board of National Ministries, Presbyterian Church of the U. S., Atlanta, Georgia

William Hutton, Executive Director and Director of Information, National Council of Senior Citizens, Inc., Washington, D. C.

Milton Jackson, Associate Director for National Affairs, American Association of Retired Persons-National Retired Teachers Association, Washington, D. C.

Maurice Kramer, Congressional Liaison Assistant, American Nursing Home Association, Washington, D. C.

Dorothy McCamman, Consultant on Retirement Income and Health Economics, Washington, D. C.

Dan Ozelis, Administrator, Methodist Home, United Methodist Church, Chicago, Illinois

Charles Peterson, Regional Director, Evangelical Lutheran Good Samaritan Society, Sioux Falls, South Dakota

Frank Rinehart, Acting Executive Vice-President, American Nursing Home Association, Washington, D. C.

Randolph Thornton, Program Development Specialist on Church Programs, American Association of Retired Persons-National Retired Teachers Association, Washington, D. C.

Frank Zelenka, Associate Director and Director of Public Affairs, American Association of Homes for the Aging, Washington, D. C.

Government

James Burr, Director, Division of Services to the Aging and Handicapped, Community Services Administration, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D. C.

Mary Jo Gibson, Program Management Advisor, Office of Program Innovation, Medical Services Administration, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D. C.

Helen Holt, Special Assistant for Nursing Homes and Related Facilities, Federal Housing Administration, Department of Housing and Urban Development, Washington, D. C.

David Lit, Technical Advisor, Bureau of Health Insurance, Social Security Administration, Department of Health, Education, and Welfare, Washington, D. C.

Helen Martz, Medical Care Planning Specialist, Office of Program Innovation, Medical Services Administration, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D. C.

Edith Robins, Coordinator for Health of the Aging, Community Health Service, Health Services and Mental Health Administration, Public Health Service, Department of Health, Education, and Welfare, Rockville, Maryland

Nathan Sloate, Special Assistant to the Director, National Institute of Mental Health, Public Health Service, Department of Health, Education, and Welfare, Rockville, Maryland

MENTAL HEALTH CARE STRATEGIES AND AGING

The Special Concerns Session on **Mental Health Care Strategies and Aging** was requested by the American Psychiatric Association. Members of various other mental health organizations—the American Psychological Association Task Force on Aging, Group for the Advancement of Psychiatry, National Association for Mental Health, National Association of Private Psychiatric Hospitals, National Association of State Mental Health Program Directors, and the National Committee Against Mental Illness—participated in planning the Session. Assisting the group was the National Institute of Mental Health, Health Services and Mental Health Administration, Department of Health, Education, and Welfare.[1]

In view of the general lack of public concern and the lack of available information on the care of aged mental patients, it was deemed important to give special attention to what strategies could be employed to increase public awareness of mental disorders experienced by aging persons; to point out some of the critical changes in life patterns which sometimes lead to functional disorders; and to provide an opportunity to recommend action which can be taken to expand mental health care services for the elderly and to realize fully their rehabilitation potential.

The Participants

Approximately 242 Delegates preregistered for the Special Concerns Session on Mental Health Care Strategies and Aging. This group was joined by other Delegates, observers, and guests upon opening its 4-hour meeting. A large number of the participants were experts in mental health care, and, therefore, contributed substantially to the discussion and formulation of recommendations needed to improve the circumstances of elderly mental patients.

The Program

In order to provide Delegates with background information, each participant in the Session received a copy of *Cost and Delivery of Health Services to Older Americans,* a report of hearings before the Subcommittee on Health of the Elderly of the United States Senate Special Committee On Aging.

The Chairman of the Session pointed out to the Delegates some of the various strategies of mental health care so that they could consider several alternatives while discussing and formulating recommendations. The Session adopted 16 recommendations which call for a wide range of mental health care services to meet the needs of older people.

1971 WHITE HOUSE CONFERENCE ON AGING

PROGRAM

MENTAL HEALTH CARE STRATEGIES AND AGING

Chairman

ALVIN I. GOLDFARB, Associate Clinical Professor of Psychiatry, Mt. Sinai School of Medicine, City University of New York, New York

8:00 A.M. —Presentation of Mental Health Care Strategies by the Chairman

10:30 A.M. —Resolutions and Voting

12:00 Noon —Adjournment

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[1] See Roster of Planning Committee, page 113.

THE SESSION REPORT

Introduction

It is agreed that the aged are a heterogeneous group. Large numbers of them need a wide variety of comprehensive health care. Mental impairment and a wide variety of functional disorders are common. Depressive reaction to the changes in role, status, appearance, and to decrements of function or ill health is prevalent. Consequently, there should be recognition of, and response to, the elderly person's need for mental health care and psychiatric care wherever he may be and whatever his age or condition. All institutions, including mental hospitals and centers, should have the obligation and the facilities to diagnose, treat or to safely provide for transfer to a more adequate site for care, all applicants for admission in crisis.

Differences in financing patterns, geography, transportation facilities and population distribution may make for different patterns of intermediate and long-term care in different localities. Financial, social, and technical matters should not interfere with ease of admission to and discharge from inpatient care facilities or return home to functional status in the community. Also, readmissions and transfer to more suitable loci of care should be easy and free of financial or legal obstructions.

Recommendations

1. It is recommended that at an early date, there be established a Presidential Commission on Mental Illness and the Elderly, with responsibility for implementing recommendations made at the White House Conference on Aging. Its members should be appointed by the President, subject to the advice and consent of the Congress.

2. It is recommended that a Center for the Mental Health of the Aged be established within the National Institute of Mental Health, with the authority and funds for research, training, and innovative programs for older people in the community and in hospitals.

3. It is recommended that there be recognition and support of each older individual's *right to care and treatment* in any one of the wide range of alternative mental health services now existing, or those that will be developed.

4. It is recommended that there be universal prepaid, comprehensive health insurance including coverage for mental illness and health.

5. It is recommended that inequities and discrimination with respect to the financing of mental health services should be eliminated from Medicare and Medicaid. There should be prompt elimination of deductible and co-insurance features; and inclusion of drugs, currently excluded dental care and prosthetics under Medicare.

6. It is recommended that Medicaid funds should be properly used as legally prescribed; this should be guaranteed by adequate Federal supervision and enforcement.

7. It is recommended that all funds allocated by the Congress for research, training and services for the elderly should be released and distributed promptly both now and in the future, with speedy cooperation of the Executive Branch of the government where required. (See recommendation on the appointment of a Presidential Commission.)

8. It is recommended that efforts should be made at Federal, State, and local levels to develop options to institutional care.

9. It is recommended that adequately staffed and programmed comprehensive mental health diagnostic and treatment centers be developed in neighborhood health centers, community mental health centers, hospitals and other appropriate local, geographically accessible settings; special attention to adequate funding is of prime importance.

10. It is recommended that properly staffed inpatient or residential facilities with proper programs should be available in adequate number; all of these should have available methods of supervising, caring for, and protecting persons in

their own homes for as long a period as medically and socially possible for the patient.

11. It is recommended that more attention be given to the development of innovative therapeutic services to currently institutionalized older persons, and for the future care of persons in need of protective environments as inpatients or residents in congregate settings.

12. It is recommended that research monies for studies of aging and the elderly, from basic biological processes to social and psychological phenomena, be greatly increased.

13. It is recommended that all mental health programs for the elderly be open to all, without a "means test." This mandates adequate funding.

14. It is recommended that there be recognition that training and education of the necessary health professionals is urgently indicated. Such health manpower must be increased in number as well as quality. Again, adequate funding is a necessity.

15. We are aware that there is a large body of factual and technical data on aging and the practical treatment of the disorders in the elderly which is not generally available and known. Therefore, it is recommended that material describing the best comprehensive care methods in a variety of settings should be prepared, widely distributed and their availability made known.

16. It is recommended that the proposed Presidential Commission, or another appropriate government agency, look into the methods of purchase and provision of mental health care currently undertaken by Federal, State, and local governments, in order to advise as to what is most economical and effective.

Roster of Planning Committee

Nongovernment

Alvin I. Goldfarb, (Chairman), Associate Clinical Professor of Psychiatry, Mt. Sinai School of Medicine, City University of New York, New York

James Birren, Director, Gerontology Center, University of Southern California, Los Angeles, California

Ewald Busse, Chairman, Department of Psychiatry, Duke University, Durham, North Carolina

Robert Butler, Psychiatrist, Washington School of Psychiatry, Washington, D. C.

Robert Dovenmuehle, Executive Director, Dallas County Mental Health and Mental Retardation Center, Dallas, Texas

Carl Eisdorfer, Professor of Psychiatry and Director, Center for the Study of Aging and Human Development, Duke University Medical Center, Durham, North Carolina

Albert Feldman, Associate Director for Community Centers, Gerontology Center, University of Southern California, Los Angeles, California

Charles Gaitz, Chief, Gerontology Research Section, Texas Institute of Mental Sciences, Texas Department of Mental Health and Mental Retardation, Houston, Texas

Wendel Swenson, Chief of Psychology, Mayo Clinic, University of Minnesota, Rochester, Minnesota

Prescott Thompson, Psychiatrist, Samaritan Medical Center, San Jose, California

Jack Weinberg, Clinical Director, Illinois State Psychiatric Institute, Chicago, Illinois

Government

Thomas Anderson, Chief, Section on Mental Health of the Aging, National Institute of Mental Health, Health Services and Mental Health Administration, Public Health Service, Department of Health, Education, and Welfare, Rockville, Maryland

Nathan Sloate, Special Assistant to the Director, National Institute of Mental Health, Health Services and Mental Health Administration, Public Health Service, Department of Health, Education, and Welfare, Rockville, Maryland

SENIOR COMMUNITY SERVICES
SENIOR CENTERS
Listen to the
Older Americans Speak to the Nation
through Community Forums in Your County

HOMEMAKER–HOME HEALTH AIDE SERVICES

During the several months preceding the 1971 White House Conference on Aging, the Federal Government made a forceful effort to meet the challenges presented by substandard nursing homes. President Nixon in two major addresses—Chicago, Illinois, on June 25, 1971, and Nashua, New Hampshire, on August 6—emphasized his concern with the level of such care being offered the elderly and presented a plan of action for the government to pursue.

This thrust, taken with the attention presently being paid to the soaring costs of institutional care and proposed alterations in the traditional system of health care delivery, has served to strengthen interest in developing alternatives to institutionalization. For many older people especially, more adequate support services in the home would prevent, shorten, or postpone hospitalization. For most older people, care in the home would represent a less traumatic solution to certain of their health and social problems. Given the high costs of medical care, it would appear to be more economically desirable. And, by allowing more persons to remain in their own residences, such services could decrease the demands made upon those delivering care within institutions, thereby increasing the responsiveness of institutional care to those in greatest need.

The National Council on Homemaker–Home Health Aide Services, in a position paper prepared for the Conference, conveyed the importance which should be attached to "accelerating and strengthening the hitherto sporadic and faltering efforts in this country in developing a continuum of health and social services to people in their own homes." The Council noted that Medicare provides funds for home health care of some older people and that homemaker services have been mandated for the elderly receiving public assistance. Yet, it recognized a vast group of aging people living deprived and isolated lives who find that the assistance they need to remain independent is not available.

Through a Special Concerns Session, one additional step was to be taken to insure the availability of the service as a resource for all elderly people who desire to remain in their own homes and who could do so, provided they received the necessary community assistance. The National Council on Homemaker–Home Health Aide Services was invited to initiate the planning of the Session. It sought the assistance of interested national, State, and local organizations and agencies. The National League for Nursing, the Homemaker–Home Health Aide Association of New York State, the Visiting Nurse Service of New York, and the Homemaker Services Bureau of Greater New Haven, Connecticut, joined with it in planning the Session.

The Department of Health, Education, and Welfare, through the Social Security Administration, the Health Services and Mental Health Administration, and the Community Services Administration and the Administration on Aging of the Social and Rehabilitation Service, provided Federal resource and assistance.[1]

The Participants

Each Delegate attending the Session did so after 2 full days of discussion within one of the 14 major Conference Sections. Perhaps indicative of the broad interest generated by the topic of in-home services and alternatives to institutional care, each of the Sections was represented among the Homemaker–Home Health Aide Session participants.

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[1] See Roster of Planning Committee, page 120.

The participants in the Session had the opportunity to shape recommendations directed at developing homemaker–home health aide services as a resource in every community throughout the Nation. It is significant, therefore, that among the nearly 200 Delegates who had expressed interest in attending the Session, over 40 States and Territories were represented.

Each person present, despite a participant mix of age, occupation, income, and residence, realized that at some time, he or someone he knows might need a homemaker–home health aide service.

The Program

The program was designed to fulfill two purposes. The first was to make participants aware of the present situation—where it is that the provision of homemaker–home health aide services stands in the spectrum of health and social care available today.[1] A second and overriding purpose was to direct attention toward realizing the potential such services hold.[2] This culminated in the naming of a drafting committee from among the Delegates present and the framing of the Session's recommendations.

In addition to the challenge to action contained within the keynote address,[3] a number of special consultants contributed to the substantive discussion within the Session. There to listen as well as to inform, these consultants were drawn from among persons actively involved in the development and provision of in-home services. Among them were representatives from the Social Security Administration and the Social and Rehabilitation Service who could speak with firsthand knowledge of the approaches the Federal Government has taken to provide in-home services. A representative from the Department of Labor could discuss the unique training and employment opportunities offered those who deliver in-home health and social services. Persons working to insure the availability and adequacy of such services through State and local agencies, as well as those representing interested national organizations such as the American National Red Cross, had the opportunity to contribute their particular insights.

1971 WHITE HOUSE CONFERENCE ON AGING

PROGRAM

HOMEMAKER-HOME HEALTH AIDE SERVICES

Presiding
ELLEN WINSTON, President, National Council for Homemaker-Home Health Aide Services, Inc.

AGENDA

8:00 A.M. —**Focus of the Session—** DR. ELLEN WINSTON

—**Introduction of Special Consultants**

—**Address**
Meeting the Needs of Older People through Homemaker-Home Health Aide Services — MRS. THEODORE WEDEL, Associate Director, Center for a Voluntary Society

—**Discussion of Major Issues—** "What We Have; What We Need"

—**Appointment of a Committee to Draft Recommendations**

—**Summary of Earlier Discussion and Continuation of Discussion with Emphasis on Development and Expansion of Services**

—**Consideration and Adoption of Recommendations**

12:00 Noon —Adjournment

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[1] In keeping with the Session's educational purpose, Delegates were provided with selected publications on the development of homemaker-home health aide services. These and other publications, at cost, and further information, can be obtained from the National Council on Homemaker-Home Health Aide Services, 1740 Broadway, New York, New York 10019

[2] Proceedings of the White House Conference on Aging underscored the many problems of the aging in America today. It is perhaps meaningful to note how frequently proposed solutions to these problems focused on the need for the development of adequate services to maintain the aging in their own homes. The reader is encouraged to refer to the reports of the Sections on Physical and Mental Health, and Facilities, Programs, and Services, as well as to those of other Conference Sections and Special Concerns Sessions, to note the frequency with which reference was made to in-home alternatives to inappropriate, institutional care of the elderly.

[3] Excerpts from the Address given by Mrs. Theodore Wedel are appended to this report of the Session.

THE SESSION REPORT

Introduction

Homemaker–home health aide service helps families to remain together in their own homes when a health and/or social problem strikes or to return to their homes after specialized care. The homemaker–home health aide carries out assigned tasks in the family's place of residence, working under the supervision of the professional person who also assesses the need for the service and implements the plan of care.

A national approval system has been developed which provides agencies, whether under voluntary, government or proprietary auspices, help to assure the quality of homemaker–home health aide services throughout the country. This program for approving agencies will be implemented in 1972.

Despite the demonstrated need, it is estimated that there are only 30,000 homemaker–home health aides in the entire United States, serving all categories of social and health needs: the ill, aged, disabled, children, and others with social and/or health problems. At a minimum, homemaker–home health aide agencies should have available 300,000 homemaker–home health aides or one homemaker–home health aide per every 1,000 persons in our total population. For older persons, the ratio should be approximately one per 100 as a minimum.

Professional personnel is in short supply and it is expensive. Paraprofessional or allied professional help must be utilized where and when appropriate from the standpoint of safe and effective care. Homemaker–home health aide service is an exemplary utilization of paraprofessional personnel.

To meet established national standards, homemaker–home health aides must be carefully selected, trained, and supervised, but they do not require an extensive educational background and, therefore, this vocation is proving to be a realistic choice for many educationally disadvantaged but capable individuals. Often these are middle-aged or older women. The community stands to gain doubly from this service as previously unemployed individuals become self-sustaining.

Homemaker–home health aide services provide many older persons the choice of maintaining independent living.

Recommendations

1. Homemaker–home health aide services are basic to continued independent living for older individuals in their own homes or in other places of residence considered as home, or the return to independent living of a large proportion of older people. They must be required in those health and welfare programs for older people, with broadened definition for greater flexibility and eligibility for services, in which the Federal Government participates financially. They must be required services available throughout each State. These services must be well publicized, including frequent use of mass media.

Federal legislation for both health and welfare programs should specifically identify and require that homemaker–home health aide services are available to every community, with appropriations of Federal funds making it possible to establish them.

The expansion of these services will require additional funds, but it should be recognized that they also open up and offer new opportunities for employment and careers for many mature women and men.

2. Since homemaker–home health aide services may be needed in any family, rich or poor, at some time, they should be available free, or on a sliding scale of fees, to the recipient or through third party payments, or other financial sources. Experimentation with new and different methods of financing should be explored. Federal and State legislation should be enacted to provide adequate on-going public funding to make it possible to provide homemaker–home health aide services for all older persons to live in their own homes or other places of residence.

3. Since at the time of need for homemaker–home health aide services the individual or family is in a vulnerable situation, there must be a requirement that any agency providing such services, whether public, voluntary, or commercial, meet nationally established standards to protect the quality of the services rendered. Such standards call for a team approach, using both professionals and paraprofessionals.

4. The necessary resources of other related in-home services such as friendly visitors, meals-on-wheels, chore services, shopping and transportation, as well as other in-home professional services, must be available when needed if individuals and families are to be served as effectively as possible.

Any in-home service must be provided only when it is the choice of the person or persons to be served with their full knowledge of alternatives.

5. Homemaker–home health aide services must be available as supportive, protective, and preventive services on a flexible basis for as long as needed, whether full-time or a few hours per week, whether on a continuing supportive basis or for only a temporary period of time. The arrangements in each case should provide the older person the option of remaining in his own home or place of residence, as long as it is feasible and possible to do so with dignity and safety.

MEETING NEEDS OF OLDER PEOPLE

Excerpts from an Address given by Mrs. Theodore Wedel, Associate Director, Center for a Voluntary Society

We are here today to discuss the role of homemaker–home health aide services to the aging, but this service will benefit many other groups in the population as well—children whose mother is ill, the chronically ill, physically and mentally disabled or severely handicapped of any age, and disadvantaged mothers who need help in child rearing or home management. Therefore, as we discuss the benefits for the aging portion of our population, we can realize that this is not special pleading for one group at the expense of others. We want the service available for all.

First, let's just note some facts.

1. Today there are at least 20 million over 65 in this country.
2. A very tiny proportion of this group have sufficient financial resources to buy needed services or care.
3. The vast majority of the 20 million face major health and social problems, yet in our mobile society few can be cared for by members of their families.
4. Home is for many an aging person or couple the most important factor in maintaining dignity, self assurance, and contentment.
5. Many communities provide only institutional care for the aging, in hospitals, nursing homes, homes for the aged or retirement homes. This will be the best plan for some, but for as many as 10 million of our aging citizens, institutional care is inappropriate, inadequate, and unwanted. Every one in this room will face this situation personally—for yourself or someone you love—in the not too far distant future.
6. Not only is institutional care not welcome or congenial to many older people, but it may also be far more costly than being maintained in their own homes. Scarce, expensive hospital beds are often occupied by aging persons who do not really need hospital care, but for whom there is no alternative. The construction of enough hospitals, nursing homes, and retirement homes to take all the aging would cost untold millions of dollars, even before any service was provided. There is an unfortunate tendency at the moment to tie health insurance payments to hospital or other institutional care—a subject on which some of us need to take legislative action.
7. There is a shortage of the professional personnel who can meet the needs of the aging—doctors, nurses, social workers and others.
8. There are thousands of able-bodied, experienced women in this country who would welcome the opportunity to work for a recognized agency, receive training and be challenged by the role of homemaker–home health aide.

These facts add up to just one thing for humanitarian and for financial reasons, it is essential that every community in this country provide homemaker–home health aide services.

I hope we will face this question soberly—what can we do to wake up our communities and the Federal Government to the fact that there *is* a good and workable solution to the inappropriate institutionalization of the aging. It is found in quality homemaker–home health aide services—services that meet nationally established standards.

What can you and I do?

1. We as citizens with knowledge can have a lot of influence on Federal legislation and

regulations. Learn the facts; talk and write with enthusiasm to your Congressman; demand that aging persons be given the choice of staying in their own homes; become aware of the Federal programs that tie benefits only to institutional care. Medicare, for example, restricts inordinately payments for home health services.

2. Federal financial help is needed, but State and local communities must also be involved. There is need for local voluntary action and a broadened base of funding because a large group of the aged who most need these services are not the very, very poor who might be served by a public welfare program, but they are the middle-income aged living on pensions who are badly hit by inflation. There are even some quite well-to-do older people who need the service and could pay for it, were it available.

If public or private health insurance can be provided to pay for home health care and homemaker–home health aide services as part of that care, it will do much to provide more humane and often more adequate care for the aging, and in the long run will result in great savings if we can stop building additional, unnecessary, expensive institutions.

There may be times and places when we who are enthusiasts for this service will find it wise to stress dollar and cents values. But I hope you feel as I do, that even if homemaker–home health aide services cost more than institutional care, it would still be worth the cost. If—by what we do here today—we can assure happiness, better health, and the dignity of independence to our beloved elders, this will be a day well spent indeed.

Roster of Planning Committee

Nongovernment

Ellen Winston (Chairman), President, National Council for Homemaker–Home Health Aide Services, Inc., Raleigh, North Carolina

Helen Cusuck, Assistant Director, Nursing Services, Visiting Nurse Service, New York, New York

Leah Hoenig, Director, Department of Home Health Agencies, National League for Nursing, New York, New York

Florence Moore, Executive Director, National Council for Homemaker–Home Health Aide Services, Inc., New York, New York

Janet Starr, Executive Director, Homemaker–Home Health Aide Association of New York State, Syracuse, New York

William Vollano, Executive Director, Homemaker Services Bureau of Greater New Haven, New Haven, Connecticut

Mary Walsh, Program Consultant, National Council for Homemaker–Home Health Aide Services, Inc., New York, New York

Government

Albert Fox, Director, Division of Direct Reimbursement, Bureau of Health Insurance, Social Security Administration, Department of Health, Education, and Welfare, Washington, D. C.

Bernice C. Harper, Social Work Consultant, Division of Health Resources, Community Health Service, Health Services and Mental Health Administration, Public Health Service, Department of Health, Education, and Welfare, Rockville, Maryland

Gladys Lawson, Specialist on Homemaker Service, Division of Child and Family Service, Community Services Administration, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D. C.

Stephanie B. Stevens, Homemaker Service Specialist, Administration on Aging, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D. C.

Reports of the
Special Concerns Sessions on

DISABILITY AND REHABILITATION

AGING AND BLINDNESS

Severe visual impairment is increasingly a problem affecting older persons. The Special Concerns Session on **Aging and Blindness** was designed to focus national attention on the special needs of the one million older Americans in this group and on ways of meeting those needs.

The prevention and treatment of blindness was initially identified as a special Conference concern in the work of the National Organization Task Force on Physical and Mental Health. Included in the recommendations of that group was "Among the complex needs for the aged, priority should be given to the prevention and treatment of blindness."

This expression of concern, together with the efforts of several individuals and national organizations, served to heighten the sensitivity of the Conference planners to the special circumstances of the elderly blind and resulted in the establishment of the Session on Special Concerns.

The National Task Force on Geriatric Blindness of the American Foundation for the Blind, Inc., initiated the planning of the Session. Joining them as members of the Planning Committee were representatives from the Liaison Committee on Geriatric Blindness—which functions on behalf of the Foundation and the American Geriatrics Society—and the National Society for the Prevention of Blindness, Inc. In all, more than 25 organizations were represented among the Session planning committee members and program participants. (See Roster of Planning Committee, page 128..)

Providing Federal resource and assistance in the planning and program activities were the National Eye Institute and the Division for the Blind and Visually Handicapped, within the Rehabilitation Service Administration of the Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare.

The Participants

A small group of about 40 Delegates with some special personal interest or professional competence in the area of visual health chose to pre-register for the Session on Aging and Blindness. Among those indicating their intent to attend this Session were Delegates representing professional organizations in the area of visual care and blindness, gerontologists and researchers in the field of aging, rehabilitation workers serving the blind and the handicapped, and older persons themselves, including the elderly blind among the Delegate body.

In addition to regular Conference Delegates and observers, at the request of the Session Planning Committee, a number of special guests were invited. These special guests included the full membership of the National Task Force on Geriatric Blindness and the Liaison Committee on Geriatric Blindness, and other persons working with the blind within both governmental and nongovernmental units. Although these special guests did not hold voting privileges, they contributed substantially to discussion within the Session.

The Program

The program of the Special Concerns Session on Aging and Blindness allowed a panel of experts in the areas of income maintenance, medicine and health, rehabilitation, transportation, and home health services to outline major problems and present specific recommendations for consideration and vote by the Delegates attending the Session.

Panel members sought to address the challenge presented them in the address of the Session Keynote Speaker, the Honorable Jennings Randolph, United States Senator from West Virginia, who urged the forging of "policy recommendations which will—firmly and forcefully—inbed in the public conscience the need for a national policy on aging and blindness."

Prior to discussion and voting, an invited panel of Reactors responded to the remarks and recommendations of the Session speakers. Included in this group of Reactors were several older blind people themselves and representatives from two organizations serving the blind which were not otherwise active in the Session program.

1971 WHITE HOUSE CONFERENCE ON AGING

PROGRAM

AGING AND BLINDNESS

GARSON MEYER, *Presiding*

8:00 A.M. OPENING REMARKS

—DR. PETER J. SALMON, Trustee, American Foundation for the Blind, Inc., New York, N.Y.

—DR. ROBERT MORRIS—GARSON MEYER, Co-Chairmen of the National Task Force on Geriatric Blindness, American Foundation of the Blind

—DR. WILFRED D. DAVID, Executive Director, National Society for the Prevention of Blindness, Inc.

—DR. ROBERT A. RESNIK, Chief, Office of Program Planning, National Eye Institute, Bethesda, Maryland

8:30 A.M. SPEAKER

—SENATOR JENNINGS RANDOLPH, West Virginia, Special Committee on Aging, U.S. Senate, *Special Needs of the Aging Blind Population*

9:00 A.M. PANEL

—*Policy and Platform Statement in Behalf of the Elderly Blind Population in the U.S.*

—**Income Maintenance**
DR. JUANITA M. KREPS, Professor of Economics, and Dean, The Women's College. Duke University, Durham, North Carolina

—**Medicine and Health**
DR. A. L. KORNZWEIG, Chairman, Liaison Committee American Foundation of Blind, American Geriatrics Society, New York, N.Y.

—**Rehabilitation**
DR. DOUGLAS C. MacFARLAND, Director, Office for the Blind and Visually Handicapped, Social and Rehabilitation Service, U. S. Department of Health, Education, and Welfare, Washington, D. C.

—**Transportation**
WILLIAM C. FITCH, Executive Director, National Council on the Aging, Washington, D. C.

—**Home Help Service**
DR. ROBERT MORRIS, Director, Max Levinson Gerontological Policy Institute, and Professor of Social Planning, the Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University, Waltham, Massachusetts.

10:40 A.M.—Discussion of Policy Recommendations
An invited group of elderly blind persons and special personnel will serve as reactors during this period.

—**Invited Reactors**
WILLIAM EDWARDS, Washington, D.C.; MILTON KLEIN, Columbus, Ohio; HAZEL LEMKE, Rochester, New York; APARICIO G. RANGHLE, Washington, D.C.; DURKWARD K. McDANIEL, National Representative, American Council of the Blind, Washington, D.C.; and JOHN F. NAGLE, Chief, Washington Office, National Federation of the Blind.

11:00 A.M.—Adoption of Policy and Platform Statements
By floor vote for final recommendations in the White House Conference Report.

12:00 Noon—Adjournment

The Program Content

The grist from which the recommendations of the Session on Aging and Blindness evolved was detailed in the notes of the Session maintained by members of the Planning Committee. Highlighted below are the remarks of some of the Session participants as drawn from these notes.

Dr. Robert A. Resnik spoke of the necessity for research on cause of blindness incident to the aging process and called for a concentrated effort to reduce blindness from glaucoma through drugs, screenings, etc. He pointed to research currently being done to treat cataracts medically as well as through the improvement of surgical removal techniques and he set forth the following needs: an increase in the number of researchers, better public education and awareness of blinding eye diseases, and the clinical application of research findings.

The Honorable Jennings Randolph noted the continuing need for treatment and prevention of blindness and the need to provide older blind persons with rehabilitation services. In this connection, he mentioned a bill which he had introduced which provides such services without regard to the ability of the rehabilitant to join the work force. The Senator also identified the need for more trained personnel and researchers in the area of rehabilitation.

Senator Randolph discussed another bill which he had introduced in Congress which would expand employment opportunities for blind persons, including older blind persons, as operators of vending stands in Federal buildings.

Dr. Juanita M. Kreps indicated the need for a guaranteed minimum income based on need with automatic increases based on increases in the cost-of-living and recognized that welfare reform legislation currently pending in the Congress would take a large step in this direction by federalizing the adult public assistance categories and establishing eventually a minimum payment of $150 per month. (Thirty-seven states were cited as currently having public assistance payments below this level.) She noted that another good feature of the welfare reform legislation is that it requires separation of income maintenance and the provision of social services.

Dr. Kreps recommended that OASDI and the adult public assistance categories (Old Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally Disabled) be increased to the intermediate level recommended by the Bureau of Labor Statistics, that the public assistance categories be federalized, and that Social Security benefits not be considered in determining eligilibity for public assistance.

Dr. A. L. Kornzweig elaborated upon several areas in which improvement is necessary. Among them: increased use of low vision aids, periodic eye examinations for people over 40, glaucoma education and screening programs, more research on diabetic retinopathy, and prevention of accidents of the eye.

Dr. Kornzweig made several concrete suggestions: (1) that diabetic retinopathy be given high priority in research both by the National Eye Institute and by other research groups; (2) that there be periodic eye examinations in nursing homes and other homes for the aged in order to detect and treat preventable blindness; (3) that the National Eye Institute and others establish a research program on diseases of the macula; (4) that there be increased financial support for research on cataract, glaucoma, and vascular diseases which affect the eye; (5) that there be a community screening program, possibly using mobile units, to reach and treat aged patients who suffer from blinding eye diseases; and (6) that there be an educational center established to disseminate information about preventable eye disease.

Dr. Douglas C. MacFarland told of the need for comprehensive social services leading to independent living, integration of the blind with the sighted population, counselling with newly-blinded persons and their families, and private agencies to purchase necessary services which are otherwise unavailable. He also noted the need for better recreation opportunities for the blind person and for widespread mobility instruction.

He affirmed the goal of rehabilitation to be independence of the blind person, freeing other members of the family from the burden of constant care, and, if the blind person is in a nursing home or extended-care-facility, freeing staff for other purposes and allowing the blind person to live in such facilities without having to pay for extra care.

Dr. MacFarland projected a move away from providing direct services through State agencies to more use of private agencies with which State agencies can contract for services. He also looks for increased use of volunteers in the rehabilitation process and a specialized type of workshop where older blind persons can work on a part-time or occasional basis.

Dr. MacFarland made the following recommendations: (1) the Rehabilitation Services Administration (RSA) should be urged to develop demonstration programs in rural areas and the data so developed should be widely circulated; (2) RSA should fund construction and staffing of at least one workshop for older persons of the kind mentioned above; (3) the Social and Rehabilitation Service, of which RSA is part, should give a high priority to the training of paraprofessional workers to make rehabilitation services available to all older blind persons within the next five years.

The RSA should also make a study of volunteer programs now in operation and develop guidelines for recruitment, training, and supervision of volunteers. An attempt should also be made to double the number of volunteers and increase the number of hours they work; (4) rehabilitation adjustment training, mobility instruction, etc., should be made available to all persons who need or request them, and not only those who are employable.

The Congress should enact legislation now pending in Congress which would implement this recommendation; (5) there is a continuing need for research and demonstration and training of professional personnel.

William C. Fitch recognized the urgent need for adequate transportation for the elderly and particularly the elderly blind, and recommended that the group adopt a resolution calling for the provision of adequate transportation services particularly to elderly blind and handicapped persons.

Dr. Robert Morris outlined three needs of the elderly blind persons: medical care and prevention, rehabilitation, and personal care and home help services, and called for the development of a nationwide network of personal care organizations to assist elderly persons to remain in their own homes as long as they desire to do so. The organizations should provide whatever services the clients request, even if it is a request for a simple non-skilled type of service.

Dr. Morris suggested that financing of these personal care services should be through Social Security and that they should be available to all those needing them as a matter of right. The purchase of such services could be by voucher or by direct cash benefits and the amount of benefit should be based on the severity of the handicap.

Dr. Morris recommended the reallocation of resources form the provision of custodial care to the provision of home care service.

Delegates and the Panel of Reactors:

——Expressed support of the legislative initiatives made by Senator Randolph.

——Spoke of the need for provision of social services and vocational rehabilitation services to older blind persons as a matter of right without restriction based on the age or financial ability of the applicant and in support of amending the Civil Rights Act of 1964 to prohibit discrimination against blind persons solely by reason of their blindness.

——Encouraged the consideration of a broader spectrum of employment possibilities for the blind, as well as directing efforts at training a blind person in line with his interests.

——Reiterated the need for a more adequate income and training directed at useful activities which would keep the older blind person in the community rather than having him shut off from it.

——Spoke against segregated housing for the blind and for more adequate medical care personnel and more community workers and volunteers.

——Supported (1) the use of the professional services of optometrists in vision screening; (2) the amending of the Medicare legislation to include payment for low vision aids when the need is certified by an ophthalmologist or optometrist specializing in low vision treatment; and (3) increasing the number of low vision centers, and having such centers manned under the supervision of an opthalmologist or qualified optometrist.

——Identified support for a system of reduced fares on airplanes and municipal transportation for blind persons of all ages.

——And, in floor discussion following the adoption of the Session recommendations, proposed and adopted the following motion: That we recommend to Congress a nationally recognized identification card similar to a driver's license which blind persons could use for identification in the same manner in which sighted people now use a driver's license.

THE SESSION REPORT

Introduction

Since the American Foundation for the Blind participated actively in the 1961 White House Conference on Aging, we have a deep appreciation of its constructive impact in generating increased public awareness and concern for the unmet needs of our aging population and in stimulating a larger use of our Nation's resources in meeting these needs.

We, in collaboration with other national, State, and local organizations of and for the blind, do appreciate an opportunity to share with you our special concerns. As reported by the National Society for the Prevention of Blindness, approximately half of the estimated 500,000 legally blind persons in the United States are 65 years of age or older while two-thirds are past middle age. Moreover, the majority of all new cases of blindness each year fall within the same age brackets. Despite these facts, most of our efforts, in both the governmental and private sectors, have been directed to blind children and to blind adults of employable age. Only recently have we begun to consider the needs of the older blind person.

Another aspect of our special concern stems from our philosophical belief in the desirability of helping blind persons to achieve their fullest potential and integrated members of their community.

While this belief in no way contradicts the need for specialized and often separate services for persons who are visually handicapped, there is an equal need to insure the availability of general community services. Within this context, our hope is that blind persons—in fact all handicapped individuals—will become beneficiaries of the rapidly expanding programs and services for older persons in such fields as health, nutrition, housing, recreation, employment, continuing education, etc. It often takes little if any adaptation to implement this concept, but unfortunately it rarely occurs automatically, i. e., without continuing interpretation, education, and planning.

In summary, we urge that the 1971 White House Conference give a high priority to the question of how handicapped persons, especially those who are visually handicapped, can be more effectively integrated and served by the ever-increasing number of special programs for older persons. As Senator Jennings Randolph of West Virginia stated in his keynote address to the Special Concerns Session on Aging and Blindness, "It is clear that we must change attitudes toward the blind. We must provide opportunities for normal living in society; not charity, but a chance. I fear that there is widespread misconception about the abilities and aspirations of elderly blind persons."

Findings and Recommendations

RECOMMENDATION 1

It is recommended that Congress increase old age, survivors and disability insurance and the adult public assistance categories to the intermediate level of living recommended by the Bureau of Labor Statistics (at least $2,297 for a single person and $4,185 for a married couple) and further that the adult categories of public assistance be federalized and that Social Security benefits not be deducted from public assistance payments.

RECOMMENDATION 2

It is recommended that the National Eye Institute and other interested organizations on a national and local level combine their efforts in a urgent overall program to prevent or alleviate diabetic retinopathy; establish a center for the study of diseases of the macula, and increase research efforts in the fields of cataract, glaucoma, and vascular diseases of the eye; establish screening efforts especially at hospitals, medical centers, homes for the aged, nursing homes, and extended care facilities to find aged patients who have blinding eye diseases which can be helped by medical or surgical means and low vision aids. Such efforts should be made by interested philanthropic organizations and implemented if necessary by legislative action;

——It is further recommended that the National Eye Institute be required to develop better statistics on incidence, prevalence, and etiology of blinding eye conditions: that Congress amend Titles XVIII and XIX of the Social Security Act to cover low vision aids when the need is certified by an ophthalmologist or an optometrist specializing in low vision treatment; and that the number of low vision centers be increased and that the centers be staffed under the supervision of an opthalmologist or a qualified optometrist.

RECOMMENDATION 3

It is recommended that the Vocational Rehabilitation Act be broadened to make rehabilitation services available to blind persons without regard to age or economic need and that Congress be urged to enact legislation to amend the Vocational Rehabilitation Act to provide rehabilitation services for older blind persons, and to amend the Randolph-Sheppard Act to accomplish these purposes.

RECOMMENDATION 4

It is recommended that the elderly, including the blind and handicapped, must have access to all modes of mobility and transportation for obtaining the essentials of daily living and the cultural and social benefits of modern society.

RECOMMENDATION 5

It is recommended that the Administration and Congress develop a network of personal care benefits for individuals with a certain level of functional disability to enable the older person to purchase whatever services are necessary to help him remain in his own home if he so wishes; such benefit is to be in addition to basic minimum income and assure a financial basis for local community service providers.

Roster of Formal Planning Committee

A. L. Kornzweig, Planning Committee Chairman, Liaison Committee, American Geriatrics Society, New York, N.Y.

Dorothy Demby, Staff Associate
National Task Force on Geriatric Blindness,
New York, N.Y.

Wilfred D. David, Executive Director
National Society for the Prevention of Blindness, Inc., New York, N.Y.

Garson Meyer, Co-Chairman
National Task Force on Geriatric Blindness,
Rochester, N.Y.

Robert Morris, Co-Chairman
National Task Force on Geriatric Blindness,
Waltham, Mass.

Harold G. Roberts, Associate Director
American Foundation for the Blind, Inc.,
New York, N.Y.

Robert Robinson, Research Associate
American Foundation for the Blind, Inc.,
New York, N.Y.

Irvin P. Schloss, Legislative Analyst
American Foundation for the Blind, Inc.
Washington, D.C.

PHYSICAL AND VOCATIONAL REHABILITATION OF OLDER PEOPLE

Absence of formal plans to develop systematic vocational rehabilitation inputs for the 1971 White House Conference on Aging led the Federal Guidance and Employment Service to conduct a broad-based pre-White House Conference on this subject at Arlington, Virginia, on September 14-16, 1971.

Attended by more than 100 leaders in the field of vocational rehabilitation, this Conference was supported by a grant from the Rehabilitation Services Administration, Social and Rehabilitation Service, United States Department of Health, Education, and Welfare, and received extensive cooperation from a wide spectrum of rehabilitation groups and agencies. A *Policy and Platform Statement* emerged from the Conference with the understanding that it would be presented to the White House Conference on Aging as an expression of the recommendations of the vocational rehabilitation movement.

The Participants

The Special Concerns Session on the Physical and Vocational Rehabilitation of Older People attracted a pre-registration of 211 Delegates. In addition to these, a distinguished list of guests, including members of Congress known to be especially concerned with the problems of the elderly population and with the rehabilitation of the handicapped, were invited to attend the meeting of the Session.

The Program

The major part of the Session program was devoted to a discussion of the *Policy and Platform Statement* developed at the September Conference. A panel of specialists commented upon the recommendations presented, and the Delegates unanimously endorsed, without change, the document as presented.

1971 WHITE HOUSE CONFERENCE
ON AGING

PROGRAM

SPECIAL CONCERN SESSION
on
PHYSICAL and VOCATIONAL
REHABILITATION
OF OLDER PEOPLE

8:00 A.M.—OPENING REMARKS:
—DR. EDWARD NEWMAN, Commissioner, Rehabilitation Services Administration, Department of Health, Education, Welfare

8:30 A.M.—PRESENTATION OF PROPOSALS FOR DISCUSSION AND ADOPTION

PANEL MEMBERS

—W. SCOTT ALLAN, Assistant Vice President, Liberty Mutual Insurance Company

—CHARLES ROBERTS, Executive Vice President, International Association of Rehabilitation Facilities

—LAWRENCE SMEDLEY, Assistant Director, Department of Social Security, AFL-CIO

—E. B. WHITTEN, Director, National Rehabilitation Association

12 Noon— Adjournment

THE SESSION REPORT

Preamble

Although strong social pressures impinge upon unemployed disabled persons 55 years of age and over to disengage themselves from the labor market, some 15 to 20 percent of them persist in their desire to continue working. Employer resistance, community apathy, and inadequate rehabilitation resources combine to frustrate the employment aspirations of the members of this group. Yet, research conducted at Federation Employment and Guidance Service and elsewhere clearly indicates that almost all vocationally-motivated older disabled persons retain surprisingly high degrees of potential employability and respond positively to vocational rehabilitation measures. In study after study, older disabled vocational rehabilitation clients in all sections of the United States have demonstrated that they can make a contribution to the welfare of their families, their communities, and the country at large, if provided with suitable rehabilitation and employment opportunities.

The benefits derived by this group from participation in vocational rehabilitation often is stated in economic terms. Indeed, their post-rehabilitation earnings usually spell the difference between living in poverty and living in comfort. Beyond this, however, their psychic gains are no less substantial. Vocationally-motivated older disabled persons who reenter employment usually feel better, acquire enhanced self-regard, and assume meaningful roles in the family and the community. Psychologically, the disengagement process usually is reversed and mental health problems are ameliorated. Case evidence as well as statistical findings support the conclusion that participation in remunerative work is closely associated with the achievement of a satisfying and useful life style among employment-oriented older disabled persons.

Notwithstanding the bright promise of vocational rehabilitation for such individuals, services for this group remain largely undeveloped. An undercurrent of skepticism and detachment marks the American attitude toward older disabled workers and is manifested in such phenomena as arbitrary retirement age levels, inadequate rehabilitation services, and employer disinclination to hire older persons.

The pre-White House Conference on the Vocational Rehabilitation of the Older Disabled Person was developed to give visibility to the legitimate needs and concerns of vocationally-motivated older disabled persons and to bring to the White House Conference and to the public at large an awareness of the critical needs of this group. The Platform that follows, an out-growth of the pre-White House Conference on the Vocational Rehabilitation Older Disabled Persons, presents the views of a cross-section of American leadership concerned with aging persons. Each plank was presented to the preliminary conference as a whole, for study, review, amendment, and passage. It represents the combined interest, insight, and skill of more than 100 delegates. As such, it may serve to focus the attention of the American people upon a group that currently is being grossly neglected despite their interest in, and readiness for, rehabilitation and employment.

The Special Concerns Session on Physical and Vocational Rehabilitation at the White House Conference on Aging endorsed this Policy and Platform Statement, presented here in shortened form.[1]

Recommendations and Comment

Some 15 to 20 percent of all unemployed disabled persons 55 years of age and over elect to continue in the labor market, despite severe limitations and the lack of encouragement from the community.

Vocational rehabilitation services for the members of this group are lacking or are highly inadequate in most sections of the United States. This neglect reflects the general apathy of Americans, even those who work with older persons, toward the vocational aspirations of older persons. Even the 1971 White House Conference on Aging, in its preparatory stages, made no plans for a conference section on rehabilitation (as it had done in 1961).

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[1] A full statement of the *Platform and Policy Statement* has been published by the Federation Employment and Guidance Service, 215 Park Avenue, South, New York, N. Y. 10003.

In face of this extensive lack of concern for the vocationally-motivated older disabled person, the objective of the pre-White House Conference meeting was to recommend policies and programs that should be instituted to meet the needs of this group in the 1970's.

SPECIFIC RECOMMENDATIONS

1. *Legislation*

A. Current legislation should be amended or administered so as to provide for:

Positive enforcement of existing anti-discrimination legislation.

Improved Social Security benefits.

Modification of the Social Security earnings limitation.

Inclusion of rehabilitation incentives in welfare legislation.

A rise in the level of Social Security Trust Funds available for payment for vocational rehabilitation services.

Earmarking of specific anti-poverty funds for the aging.

Inclusion of vocational rehabilitation services under Medicare and Medicaid and proposed comprehensive care programs.

B. New legislation is needed to achieve:

Public agency financial support for long-term workshop employment programs.

The use of Federal funds to create new jobs for the aging in private industry and government-sponsored public service activities.

Non-discrimination in employment throughout the United States at all geographic levels.

2. *The Community*

The community should:

Pay particular attention to disadvantaged subgroups among the aging.

Establish general and/or specialized programs for the aging.

Be educated to the vocational rehabilitation potential of the aging.

Develop comprehensive service programs for the aging containing strong vocational components.

Develop organized groups of aging persons, that, among other activities, support vocational components.

Through its rehabilitation agencies and workers, function as an advocate of the aging.

Develop improved community transportation facilities in cooperation with United States Department of Transportation.

3. *Organizations and Programs*

A. All types of agencies in the community should:

Open their general community facilities and programs to the aging on the same priority basis as other groups.

Reach out to currently "underserved" subgroups of aging persons.

Consider rehabilitation of the aging as a specialized rehabilitation sub-field.

Include vocational rehabilitation services in their multifunction programs for the aging.

Adopt service procedures that enable the aging to enter vocational rehabilitation programs without delay.

Make provision for the aging to serve on boards and committees which formulate agency policies and programs.

Encourage institutions for the aging to set up vocational programs for their residents.

Establish experimental rehabilitation residences for the aging.

Develop regional and State vocational rehabilitation centers for the aging.

Set up special programs for homebound and neighborhood-bound older agencies.

Establish linkages between agencies for the aging and other agencies.

Designate a national group to serve as a forum and a clearing-house for those concerned with the vocational rehabilitation of older persons.

Expect rehabilitation agencies serving the aging to conform to commonly-accepted service standards.

B. Federal and State Rehabilitation Agencies should:

Take leadership in developing services for older disabled persons, preferably through specially-designated organizational sections or divisions.

Earmark special funds for the aging.

Be strengthened, in general, in funding, programming, and administration.

Assign responsibility for programs for the older disabled person to special personnel.

Stipulate clearly that age, per se, is not a disqualification for entry into vocational rehabilitation service.

C. Voluntary Agencies should:

Be given a major role in the vocational rehabilitation of older disabled persons.

Engage, along with other agencies, in innovation research and demonstration activities.

Attempt to reach as many older disabled persons as possible through decentralized catchment area programs.

Along with State agencies, assume responsibility for the conduct of long-term workshop employment programs with the aid of public agency funding.

Offer comprehensive vocational rehabilitation programs. Be given responsibility for continuity of care.

D. Private enterprise should:

Be encouraged to participate in the vocational rehabilitation of older disabled persons.

Assume responsibility for preventing and ameliorating vocational handicaps in their aging employees.

Be assisted in these functions by consultation from specialized rehabilitation agencies and personnel.

4. Employment

Vocational rehabilitation should emphasize careers, not merely jobs, for older disabled persons.

Public and private hiring practices which bar older disabled persons from employment should be altered.

Employers should be educated to see the values of hiring older disabled workers.

Vocational benefits offered to other disability groups in employment should be opened to the aging.

Flexible working hours should be adopted in industry. Additional part-time employment opportunities should be created.

Employment should not be discontinued on the basis of an arbitrary maximum age.

Employment opportunities in community service should be fully explored.

Demonstration new careers programs should be launched.

5. Personnel Training and Research

Rehabilitation personnel should be trained in service to the aging through specially-funded programs.

Grant applications for research and demonstration projects for the older disabled person should be given a high priority.

National research and demonstration and/or research and training centers on the vocational rehabilitation of the aging should be established.

Fundamental and applied research relating to the older disabled worker should be supported by public funding.

Application of modern technology to the problems of the aging should be explored.

6. *Medical*

Medicare-funded rehabilitation services should be extended to persons receiving Social Security Disability benefits through rehabilitation as well as other health facilities.

Federal funds for medical research should be increased.

Additional Federal financial assistance should be provided for the training of medical and allied personnel.

The Federal Government should sharply increase the funds allocated for the construction, expansion, and alteration of rehabilitation facilities under the Hill-Burton Program and the Vocational Rehabilitation Act.

Medicare and Medicaid legislation should be adopted which strengthens the rehabilitation component and which enables patients to receive medical rehabilitation service in conjunction with their hospitalization.

* * *

AGING AND DEAFNESS

Acting on a suggestion made by Dr. Boyce R. Williams[1] and Dr. Jerome Schein, Director, Deafness and Research Training Center, New York University organized a national conference on "Services for the Elderly Deaf Persons" held in Columbus, Ohio.[2]

The committee[3] planning the program anticipated that the outcome of the meeting would be included as one of the special concerns of the 1971 White House Conference on Aging. Through a series of circumstances, this expectation did not become clear until it was too late to organize such a session.

The outcomes of the Columbus Conference, which were published on July 9, 1971[4] are of such national importance that arrangements have been made to include this summary of the findings as a part of the report of the White House Conference on Aging. The following material is quoted, with Dr. Schein's permission, from *Services for Elderly Deaf Persons.*

Columbus Conference Report

Preamble

Because they cannot hear——and have not heard for all or almost all of their lives——deaf persons face their later life with different needs from the general aged population. Deafness makes communication between them and most people very difficult. The ordinary use of radio, television, and telephones is denied them. They cannot hear a doorbell nor a shouted warning. When aging combines with deafness, the resulting disability can be massive, though it need not be.

As will be seen, communication is not the only difficulty aged deaf persons have in contrast to other aged persons. Their deafness has been a large factor in their educational, occupational, and social development. Now in their declining years, their deafness continues to confront them with problems demanding special efforts to yield satisfactory solutions.

Being a small group relative to the general population and having an "invisible" disability, deaf people are easily overlooked in planning for the general welfare. The 1961 White House Conference on Aging, for example, makes no specific references to the elderly deaf population. Furthermore, little has been written about this group and almost no formal research has been conducted relevant to them. In order to correct this unhappy state of affairs, a conference was held to bring together deaf community leaders and geriatric experts, who worked together to expose the issues and to recommend appropriate policies and programs.

To assist the conferees to work effectively together despite their diverse backgrounds and the limited time available to them, a series of background papers were prepared and sent out in advance of the conference. Following a brief orientation to the conference, the participants met in small discussion groups. Each discussion group then presented its conclusions to the full assembly, at which time differences were resolved and the policies and programs adopted unanimously.

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[1] Chief, Communication Disorders Branch, Rehabilitation Services Administration, Social and Rehabilitation Services, Department of Health, Education, and Welfare.

[2] Supported, in part, by a grant from the Social and Rehabilitation Service, Department of Health, Education, and Welfare.

[3] See Roster of Planning Committee, page 141.

[4] Copies of the full report are available from the Deafness Research and Training Center, New York University, 80 Washington Square East, New York, N. Y. 10003.

The conference participants were chosen because of their interest in and knowledge about the problems of aging and deafness. The majority of them are themselves deaf. However, because of limited funds, it was realized from the outset that a group representing all organizations of deaf people in all parts of the United States could not be assembled. The participants, therefore, directed that their recommendations be given the widest possible circulation in the deaf community, so that any disagreements with or omissions from the policies and programs can be noted before the forthcoming White House Conference on Aging.

Recommendations
Issues, Policies, Programs

The following policies and programs were unanimously adopted by the participants in the Conference on Services for Aged Deaf Persons, held in Columbus, Ohio, June 15–17, 1971. The issues dealt with below were also agreed upon without dissent, though only after extensive discussion. Only those issues were considered and only those recommendations were made which especially concerned the aged deaf population. General issues for all elderly people were not taken up as such. The conferees felt that these problems will be adequately discussed at the forthcoming White House Conference on Aging. Issues of income, employment, health, housing and so forth, then, are all presented here in the context of the special needs of the elderly deaf community.

The order of the topic follows that in the *Invitation to Design a World . . . Second Reader,* prepared for the 1971 White House Conference on Aging, distributed by the Administration on Aging, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare. In accordance with the plan of presentation for the Conference, the sections first discuss issues, then suggest policies, and finally recommend programs, as appropriate. There is some overlap between the broad categories, and there may be some disagreement as to whether an issue, policy, or program more properly falls under one or another heading. Some cross-referencing has been done to aid the reader who may not find what he wishes in the expected place below.

In deliberating on aging and deafness, the conferees were not trying to fill in the blanks on a prepared schedule of items. Rather, they saw their mission as twofold: (a) determining the needs and desires of aged deaf persons and (b) presenting these as clearly as possible to those who can assist them to solve their problems and satisfy their needs.

The emphasis and omissions, therefore, should reflect the special orientation of the deaf community toward aging.

Income

Because of their deafness, which may have limited their lifetime earnings and consequently reduced their retirement benefits, many elderly deaf persons face their declining years with inadequate financial resources.

Policy: Aged deaf persons, no less than any citizen, should have sufficient income to live with dignity. The deaf community should join with all other groups in implementing this policy.

Program A: The Social Security Administration should educate and inform those who are entitled to, but are not receiving, benefits about how to file for them. In order to more effectively do this, the Social Security Administration should appoint, as has already been done in the Bureau of Education of the Handicapped and the Rehabilitation Services Administration, program specialists with responsibility for attending to the special needs of deaf persons. These educational efforts should be made with adequate provisions for the communication limitations of deaf persons. (Also see Education.)

Program B: Increase vocational training programs and employment opportunities for deaf workers. (Also see Employment.)

Program C: Reduce costs of transportation, communication, housing, and medical care, so that aged deaf persons' present resources will cover a larger portion of their living expenses. (Also see Transportation, Housing and Health.)

Employment

Programs that could and should assist elderly deaf people in securing employment after retirement do not appear to be doing so. The specialized approaches necessary to finding work for those aged persons who cannot hear are not presently included in programs of vocational rehabilitation for elderly people.

Policy: Aged deaf persons who can and who wish to continue in productive service to society should be given every opportunity to do so.

Program A. Ensure the provision of counseling and rehabilitation services to aged deaf persons by encouraging them to use existing facilities and, at the same time, adapting the existing facilities to meet the aged deaf person's needs.

Program B. Educate the public to the value of the elderly deaf worker.

Program C. Make certain that government, government-sponsored, and private programs for employment of elderly persons—for example, Senior Community Service Aides, Foster Grandparents, Operation Mainstream—suitably provide for the inclusion of aged deaf persons.

Program D. Develop volunteer programs for those elderly deaf persons not in need or desirous of paid employment. Such programs may be instituted in cooperation with local church and community organizations, State associations of the deaf, and the divisions of the National Fraternal Society of the Deaf. It would also be helpful to develop guidelines which local agencies could use in planning for the assistance of these aged deaf volunteers. (Also see Retirement Roles and Functions.)

Nutrition

No special issues pertaining to aged deaf persons were raised. However, some of the issues under Income, Health, and Education are relevant to this topic, insofar as these bear upon having sufficient funds to purchase proper foods and obtaining knowledge about correct diets. In both instances, deafness is a potential barrier.

Health

The health needs of aged deaf persons are difficult to meet, because of the lack of medical and paramedical personnel able to communicate with deaf persons.

Policy. In providing for the health of elderly deaf persons, particular attention must be given to their communication problems and their social needs.

Program A. Existing health legislation for the aged population, such as Medicaid and Medicare, should be amended to take note of the special needs of deaf people. Such legislation should provide funds for interpreters whenever they would be needed to permit deaf persons to take full advantage of the health facility.

Program B. The American Medical Association and the American Hospital Association should encourage some doctors and nurses to learn how to communicate with deaf persons. The AMA should be urged to develop centralized services providing information on available doctors skilled at communicating with deaf persons. When appropriate, hospitals and nursing homes should arrange for each nursing shift to have at least one nurse available who is skilled at communicating with deaf persons. Physicians and other health-care personnel should be informed about the availability and use of interpreters for deaf patients.

Program C. Health education programs especially designed for elderly deaf persons should be implemented at once. (Also see Education.)

Program D. Existing and new nursing homes should make suitable provisions for some of the aged deaf population, taking account of their special social and environmental needs. (Also see Housing.)

Program E. Community health centers and home-care services should become aware of the special problems of deaf persons and establish a focal point for services to aged deaf persons.

Program F. Third-party payers under medical insurance plans should meet the costs incurred in providing an interpreter for deaf persons during consultations and other medical services.

Housing

When circumstances cause an aged deaf person to seek group living arrangements, he often finds his choices limited and many, or all of them, unsatisfactory.

Policies. The housing needs of aged deaf persons should be given greater attention, with the object of providing the widest possible choice of facilities through rent supplements, housing subsidies, low-interest loans, etc. Funding should be available to groups of deaf people alone or to mixed groups of hearing and deaf people.

Aging deaf people are not uncommonly placed in a variety of institutions without consideration of the fact that they are deaf. Long-term commitment of deaf people should be in institutions where a deaf population is provided for in particular. This policy is necessary due to the basic problems of communication and isolation which could be alleviated by special social and recreational opportunities for aged deaf persons.

Program A. Housing guidelines should be prepared for use by all groups interested in serving aged deaf persons.

Program B. Supportive services—such as "meals-on-wheels," transportation, or home nursing—should be provided to enable the aged deaf person to continue to live in his own home whenever possible.

Program C. Wherever appropriate, units for aged deaf persons should be provided in existing or new facilities serving the general aged population, and services should be included to meet the special needs imposed by deafness.

Program D. Encourage organizations of and for the deaf—national, state, and local—to sponsor housing facilities for aging deaf persons under existing laws.

Program E. Conduct a study of the feasibility of establishing for aged deaf persons a Federally supported model retirement community. It should be comprehensive, providing for all ranges of service—health, nursing care, recreational, and social facilities. The housing, itself, should offer all levels from completely independent living to nursing-home care. The facility should have a policy and admissions board which is representative of the deaf community in general as well as the elderly deaf population.

Transportation

Many elderly deaf persons have more difficulty traveling than elderly hearing persons because of their communication problem. The deaf community joins with the general aged public in seeking the cooperation of private and governmental agencies to improve transportation for the elderly and to reduce its costs.

Retirement Roles and Activities

Aged deaf persons, due to their communication problems, have available to them few of the social, recreational, and civic opportunities that are available to those of the general aged population. Consequently, their later years are often spent in extreme loneliness, boredom, and unproductivity. Policies and programs to overcome these offenses of aging are presented in the sections headed Employment, Housing, and Education, Clearly, all steps aimed at alleviating the communication problems imposed by deafness will aid the deaf person in his daily living, at home or on the job.

Education

Inadequate perparation is given for old age. It is often the case that deaf people reach their retirement time without an adequate understanding of Social Security benefits, health-care programs, and other benefits to which they are entitled. Many enter their later life without recreational, social and civic knowledge that would permit them to make productive use of their time. Further, many are not prepared psychologically for their old age.

Policy. Educational programs for aged deaf persons and their families should be prepared and widely distributed in a form and manner specifically designed to interest and be understood by a deaf audience.

Program A. Increase educational programs for the improved use and enjoyment by older deaf persons of their leisure time.

Program B. Develop rehabilitation programs to sharpen their marketable skills.

Program C. Disseminate more effectively to deaf persons information vital to their functioning; e.g., health information, Social Security changes.

Program D. Educational and counseling programs should be developed to prepare deaf persons for the readjustment problems they will meet on retirement. Such programs should utilize all methods of communication suitable to deaf audiences and should be administered through national and local organizations of the deaf.

Program E. Preretirement programs to assist in preparing deaf people for their retirement years should be established.

Program F. Adult education programs should become more flexible in an effort to meet the adult education needs and desires of deaf people, even to the point of suspending certain requirements, in particular those related to teacher qualifications and class size.

Program G. Senior citizen centers should be encouraged (a) to develop programs which can accommodate deaf senior citizens within center programs or (b) to establish satellite centers for deaf people and make provision for having people in the programs who are able to communicate and work effectively with deaf people.

Spiritual Well-Being

No specific policies or programs directed at the religious needs of elderly deaf persons were suggested. A great many denominations make special provisions for their deaf congregants. A few also arrange to serve their older deaf members in ways suitable to their condition; for example, through home visits and special services.

Planning and Evaluation

The policies and programs relating to this topic are largely discussed under the headings of Research and Demonstration and Government and Nongovernment Organizations.

Facilities, Programs and Services

There are special problems of integrating deaf persons into many appropriate existing services. There is lack of coordination between the different governmental departments responsible for providing services to all aged people.

Policies. Existing services should bear in mind the special needs of disability groups, such as the crippled and deaf populations. In particular, it should be noted that the deaf person's communication handicap and his lack of hearing places severe limitations on the use of mass media and the telephone. There should be a *permanent* Presidential Commission on Aging with appropriate representation for different groups of the aged population, including the deaf population.

Program A. The National Association of Homes for Aged Deaf (NAHAD) should be linked to the National Association of Homes for the Aged (NAHA) and should draw upon general community resources in order to provide a more efficient and effective service.

Training

There are not enough professional and paraprofessional persons qualified to serve the deaf community. Aside from education in the discipline he practices, a person working with deaf people must be skilled in communicating with them. Possibly as critical, is the need for professional counseling for the families of aged deaf persons.

Policy. Establish training programs and create educational materials to prepare professional and paraprofessional personnel to work with aged deaf persons and their families.

Program A. Establish specialized education and training programs in Social Work, Religion, Nursing, Guidance and Counseling which would develop personnel who could effectively work with aged deaf persons and their families.

Program B. Provide training programs in Total Communication for professionals and paraprofessionals who wish to work in the deaf community.

Program C. Develop recruiting programs to interest professional and paraprofessional personnel in the problems of aged deaf persons. These programs should be sufficiently funded to attract well-qualified persons.

Research and Demonstration

There is a need for increased knowledge of the problems, needs and desires of aged deaf persons. There is also a need for further development and refinement of service techniques for meeting these needs.

Policy. Studies of the aged deaf population are needed in order for service programs to increase their effectiveness. The findings of such studies should be published, disseminated, and applied as rapidly as possible.

Program A. As a development of the National Census of the Deaf a *continuing* demographic study of the aged deaf population should be instituted and this should make provision for the evaluation of existing services and needs.

Program B. Services to aged deaf persons should be evaluated regularly in order to foster maximum effectiveness and proper program development, and the results of these evaluations should be given to all concerned—agencies, consumers, and other interested groups.

Program C. Establish a Volunteer Workers Corps of aged deaf people who could provide service assistance to recently deafened people. The recently deafened group would probably include any adult, but concentration would be with the older age group. Some of the service aspects would include explaining what to do when hearing is decreasing and where to go for assistance, evaluation, etc. Corps members would also assist in counseling, guidance, teaching new communications skills, giving information about such devices as lights in place of doorbells and alarmclocks, describing the captioned Films for the Deaf program, and referring to Vocational Rehabilitation services when indicated.

Program D. Research should be conducted on ways to overcome unfavorable attitudes, to the extent they exist, toward aged deaf persons.

Government and Nongovernment Organization

Local, State, and national programs for deaf persons are often ineffective or achieve only minimal impact due to the lack of involvement of deaf persons in policy making, administration, and provision of services.

Policy. Programs for aged deaf persons at the local, State and national levels should involve deaf persons in the policy making, administration, and provision of services.

Program A. Amend all legislation relevant to aged deaf persons to designate them as special-needs group and to incorporate provisions for special services for this group.

Program B. Interpreting service should be available as need for service, rather than providing services only at times when interpreting service is available. This provision also applies to interpreters at meetings deaf people should attend to express their views and lend their assistance. Availability of interpreters for the deaf, under such circumstances, should be an acknowledged right.

Roster of Ad Hoc Planning Committee

Leon Auerbach, Chairman of Department of Mathematics, Gallaudet College, Washington, D.C.

C. Orin Cornett, Vice President, Gallaudet College, Washington, D.C.

Alan B. Crammattee, Associate Professor of Business Administration, Gallaudet College, Washington, D.C., Adelphia, Maryland

Thomas H. Fay, Deafness Research and Training Center, New York University, School of Education, New York, N.Y.

James T. Flood, President of National Association of Homes for Aged Deaf, Columbus, Ohio

Francis J. Guttas, Program Specialist, Bureau of Vocational Rehabilitation, Columbus, Ohio

Augustine Gentile, Director, Office of Demographic Studies, Gallaudet College, Silver Spring, Maryland

Glen T. Lloyd, Editor of Journal of Rehabilitation of Deaf, College of Education, University of Tennessee, Knoxville, Tennessee

Jerome D. Schein, Director, Deafness Research and Training Center, New York University, School of Education, New York, N.Y.

Frederick C. Schreiber, Executive Secretary, National Association of the Deaf, Silver Spring, Maryland

Reports of the
Special Concerns Sessions on

THE RURAL AND
THE POOR ELDERLY

RURAL OLDER PEOPLE

The Special Concerns Session on **Rural Older People** was requested by Green Thumb, Inc., of the National Farmers Union. Accepting invitations to membership on the Planning Committee for the Session were the National Grange, the Coalition for Rural America, and the National Association of Counties. Federal agencies naming representatives to the Planning Committee were the Departments of Agriculture, Labor, and Health, Education, and Welfare; the Office of Economic Opportunity, and the Appalachian-Regional Commission.[1]

The 14 subject-area Sections of the Conference were largely focused on the needs and problems of the older urban population. The Special Session on the Rural Older People afforded a means of giving attention to a group of older Americans who might otherwise have received scant attention. The recommendations from this Special Session are, therefore, a major addition to the outcome of the Conference as a whole.

The Participants

Approximately 162 Delegates pre-registered for the Session but they were joined by many other Delegates and observers so that the meeting room provided standing room only throughout the morning. Participants were prepared for the session through the distribution of a leaflet before the Session convened which provided the following information about older Americans in rural areas and small towns.

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[1] See Roster of Planning Committee, page 150.

OLDER AMERICANS IN RURAL AREAS AND SMALL TOWNS

How Many People Are We Talking About?

There are nearly nine million Americans aged 65 and over living outside of our cities. They are 41 percent of U.S. population in this age group.

How Do They Fare on Income?

Nearly a third of the men have less than $2,000 annual income; fewer than five percent have $10,000 or more.

About 70 percent of the women have less than $2,000 annual income; less than 1 percent have $10,000 or more.

One-third of all elderly persons in rural areas live in poverty, compared with 25 percent in central cities and 17 percent in suburban areas.

(continued next page)

Are Men 65 and Over Employed?

Like their city cousins, only about a quarter continue to work after age 65.

Moreover, present manpower programs neglect both older workers and rural areas; only 24 percent of all enrollees lived in nonmetropolitan areas and only 4 percent were 45 or older in 1970.

How Do Rural People Get Around?

Many rural elderly are isolated from their neighbors because of poor roads or lack of private or public vehicles or both. Lack of transportation hampers their use of the few services in rural areas.

How Good Is Their Housing?

Sixty percent of substandard housing units are in nonmetropolitan areas; about one-fourth are occupied by the rural elderly.

Nine out of 10 of these occupants have incomes below the poverty level.

How Healthy Are Older Rural Americans?

Rural people 65 and older have more chronic conditions and limitations on their activities than the urban aged.

Disabled rural elderly are doubly disadvantaged—by scarcity of doctors and lack of transportation to a medical facility. If they are also poor, health needs tend to be neglected.

The Program

The Planning Committee wanted to use various communication methods in order to interest and inform as many of the audience as possible. It also wished to have the voices of the audience reach those persons in and out of government who would be responsive to the recommendations the Delegates would make.

To achieve the former objective, the program was introduced by the Arkansas Fiddlers. They were followed by a vivid, audio-visual portrayal of the life of the rural elderly in America; a presentation which was produced by the Department of Agriculture.

In order to reach the ears of concerned persons, the Planning Committee invited a number of persons to be a "panel of listeners" who also helped the Delegates formulate recommendations by commenting upon the various proposals.

1971 WHITE HOUSE CONFERENCE ON AGING

PROGRAM

RURAL OLDER PEOPLE

Chairman: C. E. BISHOP, Chancellor, University of Maryland.

Panel of Listeners:

Honorable JOHN D. EHRLICHMAN, Assistant to the President for Domestic Affairs

Honorable CLIFFORD M. HARDIN, Secretary, Department of Agriculture

Honorable HUBERT H. HUMPHREY, Member, United States Senate

DR. JUANITA M. KREPS, Professor of Economics and Dean, The Women's College, Duke University

Honorable GEORGE H. MAHON, Member, United States House of Representatives

Honorable ARCH A. MOORE, JR., Governor of West Virginia

Honorable JAMES B. PEARSON, Member, United States Senate

Honorable ALBERT H. QUIE, Member, United States House of Representatives

STANLEY SMOOT, Vice President, National Association of Counties

Recorders: BLUE CARSTENSON, Director of Citizenship Activities, Senior Member Council, National Farmers Union

JEANNETTE WEDEL, Associate Director for Administration, Coalition for Rural America

Audio-Visual Program:

RUSSELL T. FORTE, Information Specialist, Office of Information, Department of Agriculture

AGENDA

7:55 A.M.—**Arkansas Green Thumb Fiddlers**

—**Opening Remarks by Chairman Bishop**

—**Slide Presentation of the Problems and Resources of Rural Older People**

—**Floor Discussion**

9:15 A.M.—**Comments by the Panel of Listeners**

10:00 A.M.—**Deliberation and Adoption of Recommendations**

12 Noon—**Adjournment**

THE SESSION REPORT

Preamble

Growing older in rural America presents special and unique problems to which we call the attention of the 1971 White House Conference on Aging and the general public. Sheer distance between people, and between people and services, is the most obvious aspect in which rural areas differ from urban ones. Distance complicates the delivery of any service to rural older people; the expense of maintaining private cars and lack of public transportation bar older people from coming to the services. Many people, in rural areas, are isolated by a more basic lack of roads. Rural transportation problems must be solved before there can be effective solutions to rural health, income, employment, or housing problems.

Another unique aspect of growing older in rural America is that a large proportion of the neighbors are also old. Nationally, one out of every ten of our citizens is old; in rural counties that ratio is often one in five. As the younger people are forced to leave to find jobs, they leave a shrinking tax base and a growing scarcity of services. Rising property and sales taxes in rural areas are becoming increasingly oppressive to older rural people.

Retirement income is lower in rural areas, too. Few workers in rural areas are covered by private pension plans. Income in their later years must come from Social Security, from savings, from continued employment, or from welfare. Since most rural people became eligible for Social Security relatively recently when agricultural workers and the self-employed were included, they have had fewer years of covered earnings and thus their benefits are lower.

Although older rural people are accustomed to working, there is a critical shortage of paid jobs for those who wish to work. Many urgently need work because of low income, yet present Federal programs discriminate against rural areas. Rural areas have one-third of the poverty in this country, yet they get only 16 percent of Federal manpower funds.

National programs designed to provide part-time community service work for older rural people, such as Green Thumb and Green Light (funded under Operation Mainstream), have found that the opportunity to serve and also earn is eagerly welcomed by rural older folk.

Programs established to meet the needs of the elderly in rural areas and small towns should be designed to fit their way of living. Most rural people have been very self-reliant all their lives. They were their own mechanics, plumbers, carpenters, doctors—because there often were no others. When crises came, neighbors quietly chipped in, often without being asked. Age has now stripped them of their resources but not their traditions. Many refuse to take advantage of the few services which are available because they don't know how to take the initiative in dealing with "government officials" and they feel a strong sense of shame and failure if they try. Programs must be designed to seek out needs, not merely respond to demand. They must deal with the rural elderly in ways which are not frightening or foreign to them. Older people need to be involved in designing, planning, and implementing these programs.

Recommendations

Transportation

1. A broad program to develop people-delivery systems in rural areas should be undertaken, such as those by the Federal and State governments,

based on demonstration projects by the Office of Economic Opportunity, the Appalachian Regional Commission, Green Light, and others.

2. Legislation should be passed enabling and requiring public, social, health, and employment services in rural areas to help provide transportation and outreach; remove legal barriers such as taxi rates and car, taxi, and school bus insurance restrictions to such transportation services, and finance such services for older people in rural areas.

3. Older people in rural and farm communities must be provided legal and protective services in order to assure adequate voice and assistance on all issues which involve possible encroachment on their rights and property.

Employment

4. Community service employment programs for older people, such as Foster Grandparents, Green Thumb, Project FIND, Extension Service, Homemaker Aides, and Senior Aides, must be expanded into every rural county.

5. Public job assistance, training, and placement programs, currently required to give priority to youth and minority groups, should be modified and expanded to include a higher proportion of older workers. Such programs should have an equitable rural-urban distribution corresponding to the distribution of poverty.

Income

6. In reforming the Social Security system, we urge increases in the level of earnings allowed and increases in the minimum benefit in addition to across-the-board percentage increases with a basic floor for adequate living (BLS) and with automatic cost-of-living provisions.

7. Present legislative and regulatory impediments to older people supplementing their incomes through employment, craft cooperatives, and similar arrangements should be removed.

8. State and local governments should reduce or alleviate the disproportionately heavy property taxes on retired persons on limited incomes.

Housing

9. Legislation establishing and funding a major home repair program for older people in rural areas should be passed. It should include home repair loan and grant programs under the Farmers Home Administration (currently authorized but not provided); larger home repair grants for welfare recipients with less State matching funds than at present; authorization to use Federal manpower training programs to perform the work, and adequate staff to administer these programs efficiently.

10. More new housing should be provided for older people in rural areas. A major new rural housing program must be developed to meet the needs of the rural elderly. Public housing programs should be expanded in rural areas. The Federal Government should aggressively encourage local government and/or private non-profit organizations to implement these programs.

Health

11. In the design of a national health service delivery system which provides for facilities, personnel, and payment for services, the unique characteristics of rural areas must be considered and special delivery systems developed. Transportation, outreach, and home-care services should be integral parts of all health services in rural areas. The use of mobile health units for multiphasic screening should be greatly expanded.

12. Health and nutrition education programs should be greatly expanded. Public Health, Vocational Education, Extension Services, and other such community action programs have found that poor nutrition practices are a major health problem of the rural elderly.

Roster of Planning Committee

Nongovernment

Blue Carstenson, (Chairman), Director of Citizenship Activities, Senior Member Council, National Farmers Union, Washington, D.C.

W. J. Brake, Lecturer, The National Grange, Washington, D.C.

Mark Freeman, Executive Director, Coalition for Rural America, Washington, D.C.

Tylee S. Smith, Assistant for Program Analysis, Green Thumb, Inc., Washington, D.C.

Ralph Tabor, Director of Federal Affairs, National Association of Counties, Washington, D.C.

Jeannette Wedel, Associate Director for Administration, Coalition for Rural America, Washington, D.C.

Government

Gerald F. Combs, Food Safety Coordinator, Science and Education, Office of the Secretary, Department of Agriculture

Dr. Lynn Daft, Assistant Deputy Administrator, Economic Research Service, Department of Agriculture

Russell T. Forte, Information Specialist, Office of Information, Department of Agriculture

Jessie S. Gertman, Deputy Chief, Division on Aging, Office of Research and Demonstration, Social and Rehabilitation Service, Department of Health, Education, and Welfare

Sandra S. Gruschin, Special Assistant to the Federal Co-Chairman, and Project Coordinator, Appalachian Regional Commission

Amy Hardy, Editor, Journal "Appalachia", Appalachian Regional Commission

Maurice L. Hill, Assistant Director, Office of Rural Program Development, Rural Manpower Service, Department of Labor

John G. Hutchinson, Program Officer, Older Persons Programs, Office of Economic Opportunity

Helen W. Johnson, Assistant to the Director, Economic Development Division, Economic Research Service, Department of Agriculture

Orville H. Lurch, Alternate Federal Co-Chairman, Appalachian Regional Commission

Dr. Karl Munson, Program Leader, Extension Service, Department of Agriculture

Ruth Rothman, Manpower Development Specialist, Rural Manpower Service, Department of Labor

Nancy Tate, Program Analyst, Office of Program Review, Office of Economic Opportunity

Marvin Taves, Chief, Division on Aging, Office of Research and Demonstration, Social and Rehabilitation Service, Department of Health, Education, and Welfare

Jane A. Taylor, Special Assistant, Science and Education, Office of the Secretary, Department of Agriculture

Margaret Tuttle, Program Analyst, Community Development Branch, Office of Program Development, Office of Economic Opportunity

THE POOR ELDERLY

The Special Concerns Sessions on **The Poor Elderly** was requested first by the National Council on the Aging, Inc. The Council had made a study[1] of impoverished elderly people in various communities throughout the country. Distressed by magnitude of the problem and the dire circumstances of the poor aged, it was natural that the Council should seek to bring this deprived group to national attention at the White House Conference on Aging.

Following the Council's request for the Special Concerns Session, several other national organizations having a special concern for the economic and social welfare of the poor aged were invited to join the Council in sponsoring the Session. A Planning Committee was established with membership representing the National Council on the Aging, Inc., the National Council of Senior Citizens, Inc., the National Consumer's League, and the Older Persons Advisory Committee of the Office of Economic Opportunity. The Committee was assisted by personnel from the Departments of Health, Education, and Welfare, Labor, Housing and Urban Development, and the Office of Economic Opportunity.[2]

THE PROGRAM

The Planning Committee assembled a program which would provide Delegates access to the knowledge and experience of persons who work directly with tse poor among minority and other especially deprived groups of the elderly, thus insuring the relevance of policies and programs prepared by the Session.

1971 WHITE HOUSE CONFERENCE ON AGING

PROGRAM

THE POOR ELDERLY

Chairman: OLLIE RANDALL, Board Member, Older Persons Advisory Committee, Office of Economic Opportunity

Speaker: DR. WALTER M. BEATTIE, Dean, School of Social Work, Syracuse University

Commentators:

ANNA CHAPMAN, Neighborhood Worker, Friendship House Project Link, Washington, D. C.

SAM COLB, Mission Indian Tribal Conference, Los Angeles, California

LUTHER J. CONLEY, Big Sandy Area Community Action Program, Paintsville, Kentucky

ORIN CRUMP, Project Green Thumb, Draper, Utah

BOLESLO GARCIA, Director, Home Education Livelihood Program, Albuquerque, New Mexico

MARY POWELL, President, Springfield Township (Ohio) Community Action Council, Akron, Ohio

Presentation of Draft Recommendation:

MARY LOUISE JOHNS, President, Foster Grandparents of Bexar County, San Antonio, Texas

RUDOLF J. DANSTEDT, Assistant to the President, National Council of Senior Citizens

Discussion Leader:

JACK OSSOFSKY, Deputy Director, National Council on the Aging

Recorder: DANIEL J. SCHULDER, Assistant Director, Federal Relations Branch, Resource Utilization Division, Department of Housing and Urban Development

(Continued next page)

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[1] The National Council on the Aging. *The Golden Years—A Tarnished Myth*, Washington, D. C., 1970.

[2] See Roster of Planning Committee, page 156.

Technical Resource Panel:

ALPHONSO ANDERSON, Director, OEO Project, National Council on the Aging

ALVIN M. DAVID, Assistant Commissioner for Program Evaluation and Planning, Social Security Administration, Department of Health, Education, and Welfare

MONROE DOWLING, Special Assistant, Manpower Administration-USTES, Department of Labor

MILDRED K. HOADLEY, Chief, Division of Program Payment Standards, Assistance Payments Administration, SRS, Department of Health, Education, and Welfare

MARIE A. OBLITAS, Program Analyst, Migrant Division, Office of Economic Opportunity

CLEONICE TAVANI, Older Persons Coordinator, Office of Economic Opportunity

AGENDA

8:00 A.M.—Opening Remarks by Chairman Randall

8:15 A.M.—Address by Dean Beattie, "The Nature and Facts of Poverty Among the Elderly"

8:40 A.M.—Comments by Panel

9:10 A.M.—Presentation of Draft Recommendations

9:30 A.M.—Deliberations and Adoption of Policy Recommendations

12 Noon—Adjournment

THE SESSION REPORT

The Special Concerns Session was attended by some 200 Delegates, guests and observers. Dr. Walter M. Beattie, Dean of the School of Social Work, Syracuse University, addressed the group on the challenges of poverty among older Americans. A panel of commentators composed of older persons active in community action programs responded to the address.

Several commentators emphasized the need to direct attention to rural areas and such groups as the Spanish-speaking migrant farm workers. All called for immediate action, best characterized by the words of Mrs. Mary Powell of the Springfield Township (Ohio) Community Action Council who said, "Do it now, I won't be around in 10 years for the next Conference!"

Mrs. Mary Louise John, President of the Foster Grandparents of Bexar County, San Antonio, Texas, presented the group with the recommendations of the Planning Committee after which Rudolph Danstedt of the National Council of Senior Citizens provided comment on the recommendations. In discussions chaired by Jack Ossofsky of the National Council on the Aging, the Session agreed to the following introductory statement and the recommendations.

Preamble
Action Now

One out of every four Americans over the age of 65 lives in poverty. And even more live so close to poverty that its chilling effects hang over them. To the trials of old age are added the harsh burdens of poverty, made more cruel by the fact that it need not be.

No longer must American aged live in hunger, suffer from lack of health care, exist in dilapidated housing, and remain isolated and hidden from the mainstream of American life. Many elderly—poor and rich—are robbed of their dignity as human beings by a now-oriented society which too easily forgets the contributions—past and present—of its aged population.

We can—we must—we will do better!

While we must improve the quality of life for all the aged, our top priority must go to those who suffer most. America must address itself first to the needs of the elderly poor.

Our goals must equal our national greatness. Our action must merit our national pride. We must strive to provide more than mere subsistence; we can and must provide the opportunities for decent and meaningful living through all the years of life.

In planning, we must recognize the continuity of life. We must act immediately to lift the present aged from poverty. Even with adequate income, certain needed services cannot be purchased in the marketplace and must be provided. Within and between income and services programs, a full range of options should be available for all aged Americans.

To insure that future generations do not end their days in poverty and despair, we submit these recommendations to the White House Conference on Aging.

Recommendations and Comment

Income

It must be the national policy of the United States that poverty be eliminated as a concomitant of the older years. In this regard, priority must be given to providing older Americans with an income to keep them from poverty and subsequently to assure the aged an income foundation that will provide them with a comfortable existence.

1. The establishment of an income floor in the social security and adult assistance programs to provide all older persons with an income equal to the "intermediate" standard of living established by the Bureau of Labor Statistics. This would provide (as of Spring, 1970, the latest figures available) at least $2,316 for a single older person, regardless of sex, and $4,489 for a couple headed by someone 60 years of age or older. We recommend that this be done now through legislation pending in the Congress.

> *Minority Recommendation*:[1]
>
> That for minority persons the age of qualification for benefits be 7 years younger than the qualifying age for Whites and that any penalties in other benefits, because of benefit increases, be outlawed.

2. As a follow-up in the progression of the benefit floor, not later than 1974 the minimum income for Social Security and Adult Assistance beneficiaries be upgraded to provide the elderly with the "comfortable" standard of living established by the Bureau of Labor Statistics. This would provide (as of the Spring of 1970), at least $3,403 for a single older person, and $7,114 for an elderly couple.

> *Comment:* During discussions on this recommendation it was emphasized by the delegates that the "comfortable" BLS standard should set the level of future benefit payments.

3. Those elderly persons in the United States and territories not now covered or eligible to receive benefits under existing income maintenance programs be blanketed into the programs ***now*** so that all elderly persons can be assured an income at the comfortable standard of living and that there be no penalty or reduction in other benefits. As a further step to make this recommendation effective, the Old Age Assistance program must be merged into the Social Security System, the ensuing additional costs to be financed out of general revenue funds.

4. That computation mechanisms be established to periodically revise the benefit structures to reflect increases in the cost-of-living.

5. To meet the increased financial burden of these recommendations the general revenues of the Federal Government be utilized to supplement employer and employee contributions to the Social Security System, and that the Adult Assistance programs be completely federalized.

6. With respect to private and public pensions plans, require that they contain provisions for guaranteed vesting after the first year of employment, for guaranteed portability of pension benefits, and for Federal insurance protection against loss of pension benefits. Moreover, require that these pension entitlements and protections be spelled out to all employees under a "truth in pension" Federal statute.

7. Enact immediately a Senior Emergency Employment Act providing for one million full- and part-time jobs for persons 55 years old and over who can and wish to work.

> *Comment:* An additional recommendation, introduced from the floor, to immediately abolish the Social Security "earning test" was defeated with a substantial minority favoring abolition. A number of Delegates expressed a heated frustration with the continuing problems of reduced benefits associated with increases in Social Security payments (OAA, food stamps, etc.).

Services

Even when the income levels recommended above are reached, many older people, especially poor older people, would face serious gaps in available services to meet their needs. To fill these gaps in health care, housing, and social services, we recommend:

A. Health

1. The income and service restrictions imposed on Medicaid and the shifting of the cost

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[1] This recommendation was presented as a *Comment* in the interim report distributed at the Conference. It was, however, proposed and voted upon by the Session and won support of 15 percent or more of the Delegates present.

of Medicare on to the backs of the elderly through ceilings on length of benefit periods, increases in deductibles, and increases in Part B (doctor's care) premiums are seriously limiting health care for the elderly and the poor.

The time is now to eliminate the hodgepodge of partial health care programs. Medicaid and Medicare systems should be reformed now through the merger of these programs and a Federally administered system covering all persons 65 and older established.

2. This Federally administered program should have no co-insurance and deductible features; it should provide for out-of-hospital prescribed drugs, and afford, without limit, nursing home care in a facility owned or operated by an accredited hospital or comprehensive health service organization.
3. While immediate reform of the Medicaid and Medicare programs is essential, there must be early adoption of a national health system available to all, the young, the middle-aged and the elderly, with a full range of health services financed out of payroll taxes and the general revenues with no additional billing to the patient for these services.

   Comment: A substantial minority opposed national health system primarily on the question of costs.

B. Housing

Where the homes and apartments of older persons are now adequate, or capable of renovation, the course of action is clear. Every effort must be made to assure that the elderly keep or reclaim a decent place to live in neighborhoods of their choice. To achieve these goals, it should be the policy of the United States to assure:

1. The reduction of property taxes for lower income elderly home owners, with proportionate remissions for those older people who rent.
2. The greatly expanded promotion of grants and low or no interest loans by HUD to renovate unsuitable housing wherever such housing is located without regard to location in an urban renewal area or other artificial geographic limitations.
3. The end to liens on homes of those eligible for Adult Assistance.
4. The expansion of the Rent Supplement Program specially directed to older persons utilizing local organizations of older persons to promote its use.
5. Assuring that the planning of highways which dislocate thousands of low income older and other persons is discontinued; designing urban renewal and other physical development programs so that residences and natural neighborhods are renewed and not bull-dozed; assuring that there is full participation of older poor persons in the planning of all physical development programs.
6. Where homes and apartments are not capable of renovation, the expansion of Federally-supported construction of new housing units to house the elderly poor who have no other means to secure decent housing.

Comment: Passed unanimously.

C. Social Services

1. It shall be the responsibility of the Federal Government working in concert with other public and voluntary agencies to establish in each community a public senior service system as the primary means through which the elderly receive services. Such services should include leisure time and cultural programs but should extend also to preventative health programs, information, referral, outreach, advocacy services, counseling, legal aid, help with employment, housing, securing benefits, etc. Such a public senior service system must be responsive to the aged themselves as participants in the decision-making processes determining what services are provided, through what means, and for what groups.
2. Public departments of social services need to become the primary agency for services to the disabled and impaired elderly with services rendered through a consortium of pub-

lic and private agencies. Needed services should be available to all the aged without any restrictions to financial status. Services available through these resources should provide a community health alternative to institutional care by offering such services as homemaker, home-health and chore services, protective services, friendly visiting and telephone reassurance, day care, home-delivered meals, special transportation, etc.

3. Special efforts must be made in the delivery of services to assure that the older poor, minority elderly and those most isolated from the community are reached by the service systems, that bilingual outreach programs are built into all programs.

Self-Help—Social and Political Action

1. Older Americans including those who are poor represent a resource of experience and ability which can and must be utilized in dealing with their problems and needs. We urge that all agencies and organizations which seek to serve the elderly use that resource and find ways of involving the elderly on their policy-making boards, on advisory committees, and on their staffs so that they play a full role in the planning and delivery of services.

2. The elderly themselves need to take the initiative to develop and operate programs and services to meet their needs as they see them. Public and private agencies should motivate and support the elderly to undertake self-help programs and to engage in social action, articulating their needs and participating in the flow of community life to create solutions to those needs.

3. Voluntary agencies and church groups, in particular, are called upon to serve as enablers for the elderly, to encourage and assist them in developing new roles in self-help, social action, and political action. Recognizing that the elderly have not fared well by relying on others to act in their behalf, the elderly are urged to organize themselves into active social action and political action groups to press for those policies, to support those candidates, and to ally with those organizations which will elevate their priority needs to national attention and action. (Accepted unanimously.)

Other Concerns of the Session

The Delegates accepted, without comment, a group of recommendations developed by the Spanish Speaking Caucus relating to the needs of the Spanish speaking elderly.

Also accepted was a resolution submitted by State Senator Samuel Harman of Massachusetts memorializing the Congress to immediately enact legislation to remedy the inequitable loss of benefits associated wtih increases in Social Security payments.

Roster of Planning Committee

Nongovernment

Jack Ossofsky, (Chairman), Deputy Director, National Council on the Aging, Inc., Washington, D. C.

Anna M. Chapman, Neighborhood Worker, Friendship House Project Link, Washington, D. C.

Luther J. Conley, Big Sandy Area Community Action Program, Paintsville, Kentucky

Rudolf J. Danstedt, Assistant to the President, National Council of Senior Citizens, Inc., Washington, D. C.

Elizabeth B. Herring, National Consumers League, Washington, D. C.

Mary Louise Johns, President, Foster Grandparents of Bexar County, San Antonio, Texas

Sarah H. Newman, General Secretary, National Consumers League, Washington, D. C.

Government

James J. Burr, Director, Division of Services to the Aging and Handicapped, Community Services Administration, Social and Rehabilitation Service, Department of Health, Education, and Welfare

Monroe D. Dowling, Special Assistant, Manpower Administration, U. S. Training and Employment Service, Department of Labor

Robert Granakis, Special Assistant, Manpower Administration, U.S. Training and Employment Service, Department of Labor

Marie A. Oblitas, Program Analyst, Migrant Division, Office of Economic Opportunity

Daniel J. Schulder, Assistant Director, Federal Relations Branch, Resource Utilization Division, Department of Housing and Urban Development

Cleonice Tavani, Older Persons Coordinator, Office of Economic Opportunity

Reports of the
Special Concerns Sessions on

THE ELDERLY AMONG THE MINORITIES

ASIAN AMERICAN ELDERLY

The Japanese American Citizens League made a formal request that the Conference program include a Special Concerns Session on **The Asian American Elderly.** The League pointed out that most of today's elderly Asian citizens are foreign-born and, after migration, generally continued to follow their own cultural patterns and practices. The rapidly changing social structure and economic circumstances in the United States have now created a crisis for these elderly persons which should command special consideration in the development of any national policy on aging.

The Asian American group is made up of various nationalities—Samoans, Chinese, Filipino, Korean, Hawaiian, and Japanese. The League invited representatives of each of these groups to membership on the Planning Committee for the Session. Although representing widely scattered Asian elderly populations, the Planning Committee was, nevertheless, able to plan a program which encompassed their common interest in improving the well-being of the elderly Asian American in the United States.

The Participants

All Asian Americans named as Delegates to the Conference received a special invitation from the Session Planning Committee to attend the Special Concerns Session on the Asian American Elderly. Altogether 44 Asian Delegates took part in the Session. They represented all the Asian groups mentioned above. Relatively few of the Delegates were older or retired persons, a fact which indicates that the leadership for elderly Asian Americans are the young and middle-aged.

The Program

The relatively small size of the Session made it possible for the group to engage in an informal discussion of the major problems for which it was believed national policy should be formulated to give special attention to the older Asian American. The time was allocated in three parts to include: (1) an address on the Asian American problem; (2) comments and observations by representatives of the various national groups; and (3) development and adoption of recommendations.

1971 WHITE HOUSE CONFERENCE ON AGING

PROGRAM

ASIAN AMERICAN ELDERLY

Presiding: DAVID E. USHIO,
Assistant Washington Representative,
Japanese American Citizens League,
Washington, D. C.

Background and Overview

"ASIAN AMERICAN ELDERLY"

SHARON FUJII, Graduate Gerontology Program, Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University, Waltham, Massachusetts

Comments and Observations—

PANEL OF ASIAN AMERICANS

Chinese American—
SAM YUEN, Director of Self-Help for the Elderly, San Francisco, California

Filipino American—
ROBERT SANTOS, Executive Director of Project Caritas, Seattle, Washington

Korean American—
REVEREND PETER KWON, Korean Social, Health, and Education Society of Southern California, Los Angeles, California

Samoan American—
LOY F. TEO, Director of Samoan Center, Los Angeles, California

Hawaiian—
CHRISTIAN S. NAKAMA, Executive Director, Honolulu County Committee on Aging, Honolulu, Hawaii

Japanese American—
MIKE SUZUKI, Chief of Social Service, California State Department of Social Welfare, Vice President of General Operations, Japanese American Citizens League, Sacramento, California

THE SESSION REPORT

Preamble

In the United States today, elderly Asian Americans are suffering from unprecedented problems that are devastating the lives of these aged people. In addition to the many critical problems that face the 20 million senior citizens in the United States, Asian American elderly are further confronted with cultural barriers that exclude them from receiving their rightful benefits.

Language problems created by lack of bilingual information systems and the lack of bilingual service workers deny Asian American aged even the knowledge of how to obtain such benefits. But most of all, the Asian American elderly are severely handicapped by the myth that pervades the society at large and permeates the policy decisions of agencies and governmental entities that are charged with the responsibility of helping all the United States.

This emasculating myth that discriminates against Asian American elderly is that Asian American aged do not have any problems, that Asian Americans are able to take care of their own, and that Asian American aged do not need or desire aid in any form. Such assertions, which are generally accepted as valid by society, are false. A quick look at Asian American communities would verify that they do indeed have problems and the problems in many respects are more intense and complex than the problems of the general senior citizen population. When the Asian American aged suicide rate in certain areas is three times the national average, when 34 per cent of Asian American aged who were studied have never had a medical or dental examination, it should be obvious that the problems facing Asian American aged are overwhelming to the point that it is impossible for Asian American aged to look only to their families for help.

However, those who hold the responsibility to assist in these areas have turned their backs on the Asian aged. For example, in 1969-71 some $32 million was appropriated for community grant projects for the aged which included informational services, health care, and aged assistance (many of the areas that Asian American elderly need the most). Of this $32 million, not one dollar was given to Asian American communities for their aged problems. The reason, according to the government officials, was Asian Americans don't have problems.

So pervasive is this myth that the planners of the White House Conference on Aging, the group most knowledgeable in the area of aging needs, failed to include a Special Concerns Session for Asian American elderly as part of its original agenda. While the planning for other Special Concerns Sessions had been in process for many months, the decision to hold a Special Concerns Session for Asian Americans was made only one month prior to the Conference and only because a special request was made by concerned Asian Americans.

This oversight is typical of the neglect that Asian American elderly face on all fronts. Within the confines of the short time given to prepare for this Conference, concerned Asian Americans were able to identify many specific and crucial needs that are crippling the Asian American elderly. The following policy recommendations represent some examples of the myriad of problems that are devastating Asian American elderly people.

Asian American Delegates support the many recommendations that the Conference as a whole has proposed for the benefit of all senior citizens. However, history has demonstrated again and again that Asian American elderly are among the people most neglected by programs presumably serving all elderly. We demand that the following policy recommendations be implemented to insure that Asian American elderly receive their rightful opportunities in this Nation.

Recommendations

Research and Demonstrations

1. Federal funds for research and demonstration projects to determine how older Asian Americans can be effectively assisted, based on their needs, cultural differences, values, and desires, should be expanded and should involve researchers of Asian background. The findings from such efforts should be disseminated to policy makers, program planners, and service providers.

Rationale: Information on older Asian Americans must be collected so that a national policy on aging is truly responsive to, and representative of, all older Americans.

Program Issues: Research and demonstration projects should identify the older Asian Americans (i.e., where they reside, what their characteristics are) and should be supported by agencies such as the Department of Commerce (Bureau of the Census), the Department of Health, Education, and Welfare, and the Department of Labor.

Special research and training services for the investigation, study, and treatment of medical diseases peculiar to Asian American elderly (i.e., incidence of sickle cell anemia affecting Samoans) should be conducted.

Special research studies relating to the disproportionate number of Asian elderly in mental institutions should be initiated.

Demonstration grants should be provided for the training of researchers to deal with the problems of older Asian Americans.

2. Federal–such as Department of Housing and Urban Development, Department of Labor, Department of Transportation, State–such as commissions on aging, public welfare, departments of human resources, and local government and private organization grants which provide assistance for the elderly should reflect the diversity of the Asian American groups.

Rationale: Because persons of Asian ancestry are lumped under the heading of Asian American or "Oriental", it is assumed by many that all Asians are alike. In reality, the cultural differences between the basic Asian American groups (Chinese, Filipino, Korean, Japanese, Samoan) are as different as the five different languages they speak. It is unrealistic and wishful thinking to assume that the small enclaves of Asian American elderly will be reached by massive grants to the county or State for all elderly persons. Grants aimed at specific pockets of ethnic groups would more likely reach elderly Asians.

Program Issue: Federal, State, and local governments in mutual cooperation with the Asian community should establish and fund in those States and localities where Asian Americans are concentrated, outreach programs to provide information, referral, and advocacy services, including resource persons, transportation assistance, drop-in centers—all of which reflect the cultural differences and preferences of the Asian American elderly.

Services

3. Public and private agencies should provide older Asians with support services (e.g., home care assistance, transportation, health screening, etc.) in their own communities which have been traditionally provided by the family. In doing so, recognition should be made of family structure and kinship networks among Asian ethnic groups for the purpose of building on these, rather than imposing or allowing totally strange service delivery systems.

Rationale: Traditionally, services such as transportation, home care, financial support, and housing have been provided by the family of the older Asian. Resulting from changes in family structure and an increasing need for diverse services (e.g., health care, housing, etc.), the Asian elderly cannot continue to look solely to their families to have needs met.

4. On-going service projects, such as senior citizen centers and multipurpose service centers which are designed to meet the special needs of older Asian Americans, should be established in communities of elderly Asian Americans, and Federal, State, and local assistance should be made available to support these either in full or on a matching basis.

Program Issue: Programs should provide bilingual, bicultural staffing; recreational, leisure-time activities geared to cultural interests; information and referral services; direct social services; elderly self-help programs; youth and elderly mutual assistance programs; and educational programs and services for the Asian elderly and for training personnel to work with Asian elderly.

5. Continued Federal support of existing programs should be contingent on reexamination and revision to assure that they are responsive to the needs of elderly Asian Americans through the use of bilingual workers for outreach and advocacy services.

Housing

6. The Department of Housing and Urban Development should acquire land in the Asian American communities, using condemnation procedures if necessary, and create housing programs for the Asian elderly with related life support services on a crash basis.

7. The Federal Government should provide special funding to meet the needs of elderly Asian Americans for new housing by providing loans to Asian American nonprofit organizations to develop housing with attention to cultural preferences.

8. Department of Housing and Urban Development should provide substitute housing to Asian elderly, who live in substandard congregate housing, in the same community to prevent environmental displacement.

9. The government should institute rent control and rent increase exemptions to Asian American elderly.

10. All efforts should be made to maintain Asian elderly in their own homes, if they wish to remain there, with collateral life support services, rather than having them go to an institutional setting.

11. The Federal Government should initiate a substantial tax incentive to the younger generation who can provide housing and/or other supportive care for their Asian elderly relatives.

12. Federal, State, and local funds should be made available for establishing nursing homes for elderly Asians which provide for bilingual, bicultural staffing, ethnic foods, family and individual counseling services, and recreation and leisure activities which are culturally related to Asians. Protective group or residential arrangements should be provided in the community where Asians are concentrated for those who can continue to live independently.

Health

13. In the development of a more complete range of health care (physical and mental) services for the aging through a national health insurance program, specific provisions should be established to meet the special needs of elderly Asian Americans.

Rationale: Elderly Asian Americans have health problems similar to those of all older persons, but they have borne added burdens due to cultural and language differences which make access to health care services difficult.

Program Issues: Mobile medical outreach teams should be established to serve the Asian elderly in the community. Such teams should be developed to relate to language and cultural patterns of the elderly Asian.

Public and private funding should be provided for health education of elderly Asians by the community through multiservice centers and regularly scheduled community information days.

Income

14. A Federal guaranteed annual income program for the elderly must be established if this Nation is to meet the basic needs of elderly Asian Americans who are denied benefits related to "covered" employment (i.e., Social Security, pension programs) because of long-existing discriminatory employment patterns.

Rationale: Limited and fixed income levels for older Asians as provided by standard sources (Social Security, pension funds, savings) have been inadequate to meet their needs, especially health and housing costs. Furthermore, many older Asians have no sources of income whatsoever since they were employed in occupations (self-employed, domestic labor, or farming) which are not covered by Social Security or private pensions.

Program Issues: The involuntary and enforced period of time spent by Asian elderly (from the Japanese community) in concentration camps during World War II should be fully accredited as accumulated time towards the receipt for full Social Security benefits as well as other Federal benefits to which they are entitled.

All references to differential treatment of aliens with regard to public programs (i.e., public welfare programs) should be stricken.

Newly arrived elderly Samoans should be guaranteed their Social Security benefits derived from work in American Samoa.

The unique income-saving plans of the Asian elderly should be fully legitimized and safeguarded (e.g., Tannomoshi, Kei) by financial systems.

Employment and Training

15. There should be continuation, expansion, and innovation of placement, training, and job assistance programs for Asian elderly through State employment programs and special Federal programs for older people. Asian elderly should be employed as community workers to educate others. They should also work in public agencies, community organizations such as funded by Social and Rehabilitation Service under the Older Americans Act (Titles III and VI). Sheltered workshops for the Asian elderly should be developed.

Training

16. A Federal policy should be created emphasizing training of Asians who will work with older Asians. There should also be provisions for non-Asian workers to receive training which will enable them to work effectively with Asian elderly. As an illustration, support for training should be made available by the Social and Rehabilitation Service of the Department of Health, Education, and Welfare under Title V of the Older Americans Act.

Rationale: Most non-Asian workers currently serving the elderly are not aware of the needs and concerns of the Asian elderly. They are not able, therefore, to work effectively with them and have alienated the Asian elderly.

Program Issues: Opportunities for bicultural, bilingual Asians to serve Asian elderly with special skills, understanding, and knowledge should be provided.

Special training programs should be provided and conducted by Asian bilingual and bicultural workers for public agencies serving the Asian elderly.

Education

17. Educational institutions (public and private and at all governmental levels) should provide special and continuing education courses for elderly Asian Americans which will enable them to become more knowledgeable about services and programs that exist for all elderly and to learn about their unique cultural heritage.

Rationale: There should be a continuous effort made in all needs areas to educate the elderly, the public at large, and program and service personnel as to the differing needs and problems of Asian elderly.

Nutrition

18. Existing nutrition policies for older persons who receive Federal support should be reexamined and revised to include the cultural food preferences of the elderly Asian American.

Rationale: Nutrition programs for the elderly have failed to include special dietary and cultural preferences of older Asian Americans.

Program Issue: The food stamp program as presently constituted excludes elderly Asians from purchasing ethnic foods. The food stamp program should be revised to include provision for the purchase of ethnic foods.

Meals-on-wheels programs for the elderly should be revised to meet the basic dietary preferences of older Asian Americans. Nutrition education programs should be provided for older Asian Americans which will assist them to plan well-balanced diets using their own ethnic foods.

Transportation

19. Free public transportation should be made available to the Asian elderly which will enable full access to culturally preferred life support services both in and outside the community.

Rationale: The special needs of elderly Asians for cultural and life support services cause transportation needs which currently are not provided in public transportation systems.

Program Issues: Public and private funding shall be made available on a local basis to insure that elderly Asians will obtain equal freedom of mobility as the rest of the elderly.

Public funding shall be provided to voluntary organizations which provide transportation to the Asian elderly to meet their needs.

Special Concerns Advocacy

20. The Federal Government shall establish a Cabinet Committee for Asian American Affairs which would include among its priorities the needs of elderly Asian Americans.

21. In all political jurisdictions where Asian Americans reside, the committees or commissions on aging shall include Asian American representation. All agencies which directly affect the elderly in such jurisdictions shall appoint staff or retain consultants of Asian background who are knowledgeable about the needs and cultural preferences of Asian elderly.

Legal

22. In passing legislation and adopting regulations at all governmental levels affecting services to the elderly, no differentiation shall be made between aliens and citizens.

23. Free bilingual legal assistance must be made available to Asian elderly who wish to become naturalized citizens.

Roster of Planning Committee

David E. Ushio, Chairman, Assistant Washington Representative, Japanese American Citizens League, Washington, D. C.

Jim Miyano, Director of Project Liaison, Los Angeles, California

Joselyn Geaga, Filipino American Community of Los Angeles, Los Angeles, California

Robert Santos, Executive Director of Project Caritas, Seattle, Washington

Sharon Fujii, Graduate Gerontology Program, Florence Heller Graduate School for .Advanced Studies in Social Welfare, Brandeis University, Waltham, Massachusetts

Reverend Peter Kwon, Korean Social, Health, and Education Society of Southern California, Los Angeles, California

Toyo A. Biddle, Bureau of Educational Personnel Development, Office of Education, Department of Health, Education, and Welfare, Washington, D. C.

Loy F. Teo, Director of Samoan Center, Los Angeles, California

Mike Suzuki, Chief of Social Service, California State Department of Social Welfare, and Vice President of General Operations, Japanese American Citizens League, Sacramento, California

THE SPANISH SPEAKING ELDERLY

The several organizations serving the Spanish speaking people that co-sponsored and named members of the Planning Committee for this Special Concerns Session were the United States Catholic Conference, the Puerto Rican Forum, Inc., the League of United Latin American Citizens, the *Communidad Hispana de Maryland,* Interstate Research Association, and the National Urban Coalition. Representatives of the Office of Economic Opportunity, the Cabinet Committee on Opportunity for the Spanish Speaking, the National Institute of Mental Health, the Office of Education, and the Office of the Secretary of Health, Education, and Welfare also participated in planning this Special Session.

The Session focussed attention on the plight of the Spanish speaking elderly and brought to light those problems that are particular to this population. The work of the Session, therefore, adds an important component for consideration in the delineation of a national policy on aging.

The Participants

Approximately 100 Delegates participated in the Special Concerns Session on the Spanish speaking elderly. The participants came from many parts of the Nation. Most of them were either Mexican-American, Cuban, or Puerto Rican. Many of the Delegates who participated in this Special Concerns Session met on the first 2 days of the White House Conference to discuss experiences in their home localities and decide which of the problems of the Spanish speaking elderly would be dealt with at the Special Session.

The Program

(See program on next page)

In preparation for the Special Concerns Session, position papers in some of the acknowledged areas of need including Income, Employment, Education, Training, and Housing of the Spanish speaking elderly, were prepared and made available to the Delegates who had indicated that they would attend this Session. These papers were designed to provide an informational base for the development and adoption of policy recommendations.

The Session program was developed around a series of five discussion panels, each dealing with one of the following: Income, Housing, Employment, Health, and Education. This format proved to be quite effective by stimulating productive discussion, providing access to experts in the particular field, and allowing the participants to deal substantively with the several essential areas. The result of these efforts is the following set of recommendations which, if considered in future planning and action for the elderly, will aid in providing a better life for the elderly Spanish speaking people of the Nation.

Introduction

The Spanish speaking aged compose a particularly vulnerable class of needy persons within the already disadvantaged population of elderly Americans. Due to linguistic and cultural barriers, physical isolation, and the disadvantages endemic to minority group status, the Spanish "*viejito*" finds himself in even more deplorable circumstances than the majority of the American elderly population.

Poverty of such magnitude exists within this group that is incomprehensible to the average citizen. It is a poverty that knows no boundary line as it affects the Spanish speaking elderly equally as hard as in rural, urban, and metropolitan areas.

Perhaps the most pervasive handicap the Spanish speaking elderly person has in this society is his inability to speak and communicate in English and his lack of understanding of the "System." Directly related to the lack of awareness of health, housing, recreation, employment, social services, and benefits is the problem of communication. There is a high correlation existing between his ability to speak English and his lack of awareness of the very few services, activities, and programs to which he is entitled.

Income: National economists would do well to learn how some of the Spanish speaking elderly are able to survive. Because of life-long poverty, many have not been able to save toward retirement or collect adequate pension and Social Security benefits. There are those who receive no public assistance and have to depend on whatever help friends and families can provide.

Health: The mortality rate of the Spanish speaking elderly is above average. At 48 years of age a Spanish speaking migrant compares with an Anglo of 65. This is because of the hardship

1971 WHITE HOUSE CONFERENCE ON AGING

PROGRAM

THE SPANISH SPEAKING ELDERLY

Presiding.——PABLO SEDILLO, Jr., National Director, Spanish Speaking Division, U.S. Catholic Conference

8:00 A.M.-8:15 A.M.——Introductory Remarks
—HENRY RAMIREZ, Chairman, Cabinet Committee on Opportunity for the Spanish Speaking

8:15 A.M.-12 Noon——Panel Discussions and Presentation of Major Policy Recommendations for the Spanish Speaking Elderly

Income.

—BLANCA HERNANDEZ, Chairman, The National Urban Coalition

—CLEOTILDE GARCIA, Committee on Education and Aging of the American G.I. Forum

—CARLOS BESINAIZ, Consultant, Interstate Research Associates

Housing.

—BIRGELIO G. ROEL, Chairman, Director of Conciliation, Department of Housing and Urban Development

—SANTOS RUIZ, National Association of Spanish Surnamed Americans

(HOUSING—*Continued*)

—GEORGE ROYBAL, Department of Housing and Urban Development

—ISMAEL MELENDEZ, American G.I. Forum of the United States

Employment.

—ANTONIO GUTIERREZ, Chairman, Interstate Research Associates

—LUIS CARDONA, National Association of Spanish Surnamed Americans

—JOE MONTOYA, Director, Migrant Manpower Unit, Department of Labor

—EDUARDO PENA, League of United Latin American Citizens

—LORENZO RAMIREZ, Community Relations Service, Department of Justice

Health.

—JUAN RAMOS, Co-Chairman, National Institutes of Mental Health

—ENCARNATION ARMAS, Co-Chairman, Eastern Regional Director, Office of Spanish Speaking, United States Catholic Conference

Education.

—ROY RODRIGUEZ, Chairman, Office for Spanish American Affairs, Department of Health, Education, and Welfare

—ANTONIO CASTREJON, Centro Chicano Cultural

—RAFAEL PABLO CIDDIO Y ABEYTA, Higher Education for Farmworkers Association these individuals have had to endure. Medicare and Medicaid provide relief, but some cannot eat properly without dentures or communicate without hearing aids that they can't afford.

Transportation: In rural areas transportation is unavailable most of the time or else too expensive. In metropolitan areas, where public transportation is available, many times it is too expensive and the Spanish speaking elderly cannot communicate with the drivers or understand route and time schedules.

Nutrition: Inadequate nutrition affects all elderly Spanish speaking. Surplus commodities offer some assistance and although they are not designed as a complete meal, for many they are. Food stamps have to be bought once a month and for the majority of the Spanish speaking elderly poor, they are too expensive to purchase.

Employment: The Spanish speaking elderly need innovative programs for employment opportunities without penalizing retirement or other benefits.

Housing: Many of our Spanish speaking elderly poor own their own homes. For them owning a home is a matter of pride and self-respect. For the most part, these homes are below standard and do not have regular facilities.

The above are just a few of the many real problems affecting the Spanish speaking elderly today. They are mentioned to dramatize the fact that the theme of the Conference is wrong. Many elderly and non-elderly here this week are not themselves poor and, therefore, cannot adequately represent the poor who were unable to attend.

It is a myth to believe that action eminating from this Conference will automatically benefit the Spanish speaking elderly poor because this did not and has not happened from the 1961 White House Conference. Had this Conference concerned itself exclusively with the problems of the elderly poor and minority poor then the reverse could be expected to happen.

We strongly urge that a conference on ACTION for the elderly poor and minority poor be developed as soon as feasible and possible to provide the action necessary that this Conference has failed to do.

RECOMMENDATIONS

Income and Transportation

1. It is recommended that the Department of Transportation, the Department of Defense, and the General Services Administration make available all excess vehicles, in good condition, to any elderly-based organization in order that transportation services for the Spanish speaking and other elderly be made available in metropolitan, urban, or rural areas.

2. It is recommended that all municipalities with public transit systems provide free, or reduced, fare during the non-peak hours for the elderly and handicapped and demand that these same systems make literature available in Spanish for the Spanish speaking elderly in terms of routes and schedules, and also that these systems request subsidized assistance from the Federal Government.

3. It is recommended that research and study be conducted by every agency involved in programs for the elderly in order to determine an age comparability and other important data in regard to the different ethnic backgrounds of the elderly.

4. It is recommended that a minimum of guaranteed income of between $4300-$4500 (couple) be made immediately available to all Spanish speaking elderly and 75 percent of that for a single person.

5. It is strongly demanded that States amend their legislation to prevent the lowering of Old Age Assistance benefits as Social Security benefits are increased.

6. It is recommended that Spanish bicultural planners and consultants design and reevaluate all programs and services to serve the Spanish speaking with the cooperation and participation of the consumer to be affected by these programs.

7. It is recommended that all elderly legislation regarding services, benefits, and programs of any kind and in effect in the mainland United States be extended to cover all elderly in Puerto Rico.

8. It is recommended that employers, who contract migrant elderly workers for any amount of work done, be required to make Social Security payments and that the farmer be defined as the employer and not the contractor or crew leader.

9. It is recommended that piecemeal research and demonstration programs be funded on a national level and give special emphasis to the employment of the Spanish speaking elderly.

10. It is recommended that the Social Security Administration compile a census on the Spanish speaking population receiving Social Security benefits and that a projection be made of those who will be receiving assistance in the next 10 years.

Health

1. That where applicable, representatives of elderly Spanish speaking and migrants be appointed on all commissions, committees, councils, and other bodies concerned with the planning, development, operation, and evaluation of comprehensive health services systems funded by Federal, State, or local governments.

2. That priority be given to bilingual, bicultural students being recruited for the health professions and for new careers or paraprofessional employment opportunities in the field of health and geriatrics.

3. That special college credit be made available for students in the medical and health fields who are bilingual and bicultural.

Housing

1. Whereas: It is of critical concern that the needs of the Spanish speaking elderly have been ignored by the Federal, State, and local government bodies concerned with housing, it is recommended: (1) that staff of Spanish descent responsive to the Spanish speaking be appointed to all three levels of government, and (2) that funds be specifically earmarked for the need in housing of our Spanish speaking elderly.

2. Whereas: Many of the Spanish speaking elderly live in and own homes that are deteriorating and decaying, it is recommended that in lieu of the demolition or the removal of homes by programs such as Urban Renewal, Government assistance at all three levels be given for the rehabilitation and renovation of housing units owned by the Spanish speaking elderly.

3. Whereas: The present Federal housing projects are highly undesirable to the Spanish speaking elderly, it is recommended that all subsequent housing be constructed according to the Spanish speaking cultural considerations such as design, cost, location, and size.

4. Whereas: It is recognized that the Spanish speaking elderly are not receiving a "fair-shake" of Federally subsidized housing, it is recommended that the Federal Government adopt a policy in housing utilizing a formula wherein those units that are authorized, built, or rehabilitated, be reserved for the Spanish speaking elderly in direct proportion to their population in their respective communities.

5. Whereas: It is a fact that there exists a requirement forcing the Spanish speaking elderly to give up their claim to "real property" in order to qualify for programs of financial assistance, it is recommended that the above requirement, being a prohibitive and unjust law, be eliminated or amended as will meet the needs of the Spanish speaking elderly.

6. Whereas: It is a revered tradition that the Spanish speaking elderly person has a strong desire to remain living within the family household, it is recommended (1) that a new program be adopted that would promote and protect this opportunity for continued participation with the family, and contribute to the Spanish speaking need for a sense of usefulness, and (2) that this new program would pay rent subsidies directly to the elderly recipient residing within the familial household.

Spiritual Well-Being

1. The Government should cooperate with religious bodies and private agencies to help meet the spiritual needs of the elderly, but in doing so should observe the principle of separation of Church and State.

2. Spanish speaking elderly should be involved in the development of all programs which affect their spiritual well-being from the initial planning stage through implementation.

3. That all religious and/or private groups open their eyes to the needs of the Spanish speaking elderly which are more than religious services and ceremonies and strive toward fulfilling the needs of the total person among the Spanish speaking elderly.

4. The declaration of the rights of the elderly should continue to be a responsibility of the various religious bodies, but they should also recognize the value of coordinating their efforts with community groups.

5. All religious and/or private groups, particularly those with sizeable Spanish speaking membership, must spend a fair and adequate share of their resources advocating assistance for the Spanish speaking elderly.

General Resolutions

1. It is recommended that a $5,000 tax exemption be granted to Spanish speaking senior citizens on real and personal property in all States.

2. It is recommended that HR I be acted and passed upon by Congress with a modification that the guaranteed minimum income of $2,400 be increased to $4,800 for all elderly people.

3. It is recommended that all resolutions passed at the Special Concerns Session for the elderly be applicable to the rural as well as the urban elderly.

4. It is recommended that Congress pass a law to automatically grant citizenship without the requirement of an examination to those persons who have been in the United States for 20 years.

5. It is recommended that any organization, be it private or public, which provides services to the Spanish speaking elderly be required to have an adequate number of bilingual, bicultural staff, literature, and forms printed in Spanish, make outreach efforts to inform the Spanish speaking community, and utilize multimedia services to this effect.

6. It is recommended that the President establish a National Coordinating Committee for the Spanish speaking elderly which insures consumer participation, develops a national strategy to solve the problems of the elderly, tap Federal, State, and local funds, and evaluates existing programs.

7. It is recommended that due to the lack of statistics available on the Spanish speaking elderly, the Bureau of the Census conduct an indepth study which will evaluate the accuracy of the number of Spanish speaking elderly in the United States.

8. It is recommended that the Bureau of Labor Statistics be required to have an ethnic breakdown on employment figures to make planning possible for those Spanish speaking who will become senior citizens in the near future.

9. Because of the lower life expectancy of the Spanish speaking elderly, it is recommended that Federal legislation be passed to lower the retirement age to 55 for the urban Spanish speaking and to 45 for the migrant rural Spanish speaking worker.

10. It is recommended that Federal, State, and local monies be set aside to research and study the specific problems of the Spanish speaking elderly as a first step in the planning of comprehensive and relevant programs to alleviate the plight of the Spanish speaking elderly.

11. It is recommended that the Cabinet Committee on Opportunities for the Spanish Speaking, in cooperation with the National Council on Aging, the National Institute of Industrial Gerontology, the National Institute of Senior Centers, and the National Council of Senior Citizens create a national organization for the Spanish speaking elderly to serve as an agent at municipal, State, and Federal levels.

12. It is recommended an investigation be made into which States did not send Spanish speaking delegates to the White House Conference on Aging and letters be written to their governors expressing our disappointment that no Spanish speaking delegates represented their States.

Roster of Planning Committee[1]

Nongovernment

Pablo Sedillo (Chairman), National Director, Spanish-Speaking Division, United States Catholic Conference

Anthony Gutierrez, Senior Associate, Interstate Research Associates

Blanca Hernandez, Special Assistant to the Vice President of Field Operations, The National Urban Coalition

Eduardo Pena, Chairman of the Washington, D. C. Council, League of United Latin American Citizens

Santo J. Ruiz, Member, American G.I. Forum of the United States, Hyattsville, Maryland

Antonio Suarez, President, Communidad Hispana de Maryland, Silver Spring, Maryland

Hector Vazquez, Executive Director, Puerto Rican Forum Incorporated, New York, New York

Government

Maurice Braginsky, Gerontology Trainee, Administration on Aging, Department of Health, Education, and Welfare

Guadalupe G. Garcia, Associate Director, Program Division, Cabinet Committee on Opportunity for the Spanish-Speaking

Maria Poinsett, Management Intern, Office of Spanish Surnamed Americans, Office of Special Concerns, Office of the Secretary, Department of Health, Education, and Welfare

Juan Ramos, Acting Chief of the Interagency Liaison Branch, Office of Program Coordination, National Institute of Mental Health, Department of Health, Education, and Welfare, Rockville, Maryland

Roy Rodriguez, Education Program Assistant, Office of Spanish-American Affairs, Office of Education, Department of Health, Education, and Welfare

Hector Santo Anna, Deputy Associate Director for Public Affairs, Office of Economic Opportunity

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[1] Unless otherwise indicated, location is Washington, D. C.

LOS ANCIANOS DE HABLA HISPANA

Las diversas organizaciones sirviendo a las personas hispanas que auspiciaron y nombraron miembros del Comité de planes para esta Sesión de Asuntos Especiales fueron La Conferencia Católica de los Estados Unidos, El Foro Puertorriqueño, Inc., la Liga de Ciudadanos Unidos Latino-americanos, Investigaciones del Interior Associados y La Coalición Nacional Urbana. Representates de la Oficina de Opportunidad Económica, El Comité del Gabinete Presidencial de Oportunidades para las Personas de Habla Hispana, El Instituto Nacional de Salud Mental, La Oficina de Educación, y Bienestar, también participaron en planear esta Sesión Especial.

La Sesión enfocó atención a los ancianos de habla hispana, y dió luz a esos problemas que son particulares a esta población. El trabajo de esta Sesión, por lo tanto, añade un componente importante para considerar la delineación del curso de acción nacional sobre el anciano.

Los Participantes

Aproximadamente 100 Delegados participaron en la Sesión de Asuntos Especiales Para los Ancianos Hispanos. Los participantes vinieron de muchas partes de la Nación; muchos de ellos eran Puertorriqueños, Mexicanos-Americanos o Cubanos. Muchos de los Delegados se reunieron en los primeros 2 días de la Conferencia de la Casa Blanca para discutir experiencias en sus localidades y decidir cual de los problemas concernientes a los ancianos hispanos se discutirian en la Sesión Especial.

El Programa

En preparación para la Sesión de Asuntos Especiales, reportes referentes a algunas ciertas necesidades de la población anciana de habla hispana como Ingresos, Empleo, Educación, Entrenamiento y Vivienda fueron presentados y puestos a la disposicion de los Delegados que habian indicado que iban a asistir a esta Sesión. Estos reportes fueron diseñados para presentar una base de información para la adopción y desarrollo de las recomendaciones.

El programa fue desarrollado alrededor de una serie de cinco discusiones, cada una acerca de lo siguiente: Ingreso, Vivienda, Empleo, Salud, y Educación. Este formato probó ser sumamente efectivo en estimular discusiones productivas, proporcionándo acceso a expertos en los campos especiales, y permitiendo a los participantes que negociarán en las áreas de más necesidad. El resultado de estos esfuerzos si es considerado en los planes y acciones, ayudará en el futuro a los ancianos hispanos a una vida de más provecho.

La Sesión Reportó

Introducción

La población anciana hispana constituye una de las clases más vulnerables dentro de la ya desventajada población anciana americana. La barrera cultural y del idioma, el aislamiento fisico y el pertenecer a un grupo minoritario, el viejito hispano se encuentra de por si en una situación más deplorable que la mayora de la población anciana americana.

Pobreza de esta magnitud existe en realidad y no es aceptada o comprendida por el ciudadano de clase media. Es una pobreza que no tiene límites ya que afecta igualmente a los viejitos de habla hispana de las zonas rurales, urbanas y metropolitanas.

Quizas la más terrible desventaja que tienen los viejitos de habla hispana en esta sociedad es su inhabilidad para hablar y comunicarse en inglés y que no entienden el "Sistema." El desconocimiento de los servicios de salud, viviendas, recreación, empleo y servicios sociales están directamente relacionados con la falta de conocimiento del idioma y del sistema. Existe una alta correlación entre la habilidad de hablar inglés y su des conocimiento de los pocos servicios, actividades y programas que tienen a su alcance.

Ingresos Económicos: Economistas nacionales pudieran aprender mucho si estudiaran como es que los ancianos pueden sostenerse con el poco dinero con que ellos sobreviven. Su larga historia de pobreza no les ha permitido guardar para cuando el les llega momento de retirarse o se recibir pensión adecuada o beneficios del Seguro Social. Hay muchos que no reciben asistensia pública y tienen que depender de lo que les dan sus amigos y familiares.

Salúd: La mortalidad en los ancianos de habla hispana es más alta que el término medio. Cuarenta y ocho años es la edad media de mortalidad entre migrantes comparable con 65 entre los anglos. Esto se debe a la vida dura que han tenido que llevar toda su vida. Medicare y Medicaid proveen ayuda pero no se puede comer apropriadamente sin dentaduras artificiales ni comunicarse sin una buena audición o aparatos auditivos para los que no tienen medios económicos.

Transportación: En las areas rurales los medios de transportación son muy escasos y cuando existen son muy caros. En las ciudades metropolitanas los servicios de transporte son caros y los viejitos no pueden entendar las rutas y los horarios por desconocer el idioma inglés y la carencia de servicios bilingues.

Alimentación: La alimentación inadecuada afecta a todos los ancianos de habla hispana. Productos alimenticios suplementarios ofrecen alguna ayuda y aunque no están supuestos a ser alimentos básicos, por carecer de otros recursos muchos ancianos los usan como tal. Las estampillas para alimentos (food stamps) son a veces demasiado caras para nuestros ancianos.

Empleo: Los ancianos de habla hispana necesitan programas innovadores que no les prohiban recibir otras pensiones o beneficios que están obteniendo.

Vivienda: Muchos de nuestros ancianos son dueños de sus casas, pues para ellos es un símbolo de respecto y honor. La mayoría de los veces estos hogares son muy pobres y carecen de servicios sanitarios adecuados.

Lo anteriormente mencionado es justamente uno de los muchos problemas reales que afectan a los ancianos de habla hispana en la actualidad. Han sido comentados con la finalidad de exponer el hecho de que el espíritu que inspiró esta Conferencia no ha sido implementado en la práctica. Muchos ancianos y jóvenes que han participado en esta Conferencia no son pobres y por lo tanto no pueden representar adecuadamente a los pobres que desafortunadamente no pudieron asistir a la misma.

Es un mito creer que las acciones que se deriven de esta Conferencia beneficiarán automaticamente a los ancianos de habla hispana que se encuentran en la pobreza. Esto no sucedió como consecuencia de la Conferencia de la Casa Blanca del año 1961. Si esta Conferencia se hubiese concretado exclusivamente a las problemas de los ancianos y las minorías pobres era de esperarse que sucediera lo contrario, es decir, que los ancianos no pobres se habrían beneficiado también.

Urgimos, energicamente, que una conferencia donde se tome acción directa para el anciano pobre y las minorías pobres sea preparada tan pronto como sea posible a fin de desarrollar la acción que en esta conferencia no se ha logrado.

RECOMENDACIONES

Ingresos económicos y transporte

1. Se recomienda que el Departmento de Transporte, el Departmento de Defensa, y la Administración de Servicios Generales pongan a la disposición de cualquier organización de ancianos los vehículos sobrantes, en buenas condiciones, de manera que los ancianos de habla hispana y otros ancianos de las mismas comunidades donde ellos viven puedan tener los servicios de transporte necessarios en las áreas metropolitanas y/o urbanas.

2. Se recomienda que todas las municipalidades que tengan sistemas de transporte públicos provean gratis o con tarifas reducidas pasajes para ancianos durante todo el día con la excepción de las horas de entrada y salida de los empleos y demandar de estos sistemas de transporte que publiquen en español las rutas y horarios. Al mismo tiempo pedimos que estos sistemas de tránsito soliciten del Gobierno Federal el subsidio de estos programas.

3. Se recomienda que investigaciones y estudios sean hechos por todas las agencias que esté involucradas en programas para los viejos para poder determinar comparaciones basadas en la edad así como otros datos importantes relacionados con los diferentes grupos étnicos de dichos viejos.

4. Se recomienda que una mínimo de ingresos entre $4,300 y $4,500 (por pareja) se haga inmediantamente una realidad para todos los viejos de habla hispana y un 75% de esa cantidad para cuando sea uno solo.

5. Se demanda energicamente que los estados enmienden su legislación para prevenir la rebaja de beneficios de Asistencia Pública (Old Age Assistance) para los ancianos a medida que vayan aumentando los beneficios del Seguro Social (Social Security benefits).

6. Se recomienda que personas hispanas biculturales organizadores y consultantes diseñen y evalúen todos los programas y servicios orientados a servir los de habla hispana con la cooperación y participación de los consumidores de estos programas.

7. Que toda la legislación en relación con servicios, beneficios y programas a los ancianos en los Estados Unidos sean extendidos a los viejitos de la isla de Puerto Rico.

8. Que los empleadores que contratan a los viejitos migrantes, cualquiera que sea el trabajo que realicen, contribuyan para los beneficios de Seguro Sociales y que los dueños de fincas sean definidos como empleadores y no como contratistas o reclutadores de empleados.

9. Que las investigaciones y programas en demostración que se han estado haciendo a retazos sean financiados a nivel nacional y se les de énfasis especial a la cuestión de empleos para los ancianos de habla hispana.

10. Que la Administración de Seguro Social (Social Security Administration) compile un censo sobre la población de habla hispana que recibe beneficios del Seguro Social una proyección a diez años incluyendo los que se esperan que en ese termino de tiempo puedan ser recipientes de estos beneficios.

Salúd

1. Siempre que sea aplicable, se deberán nombrar representantes de los ancianos de habla hispana y migrantes en todas las comisiones, comités, consejos y otras organizaciones relacionadas con la planificación, desarrollo, operación, y evaluación de servicios globales de salud, financiados por el gobierno local, Estatal o Federal.

2. Darle prioridad a estudiantes bilingües y biculturales que puedan ser reclutados para el estudio de las profesiones relacionadas con el campo de la salud y para las "Nuevas Carreras" (New Careers Program) y oportunidades de empleos para semiprofesionales en el campo de salud y geriatría.

3. Créditos especiales sean otorgados por las universidades a estudiantes de medicina y el campo de la salud que sean bilingües y biculturales.

Vivienda

1. Ya que los gobiernos municipales, Estatales y Federales han ignorado las necesidades de vivienda de los ancianos de habla hispana llegando éstas a alcanzar dimensiones críticas, se recomienda (1) Que personal bilingüe y bicultural sea nombrado en los tres niveles gubernamentales, y (2) Que fondos sean especificamente apropiados para las necesidades de viviendas de nuestros ancianos de habla hispana.

2. Por cuanto muchos de los ancianos de habla hispana son residentes o proprietarios de casas deterioradas, se recomienda (1) Que por motivos de las demoliciones o remociones de casas por los

programas del "Urban Renewal" se conceda asistencia Gubernamental en los tres nivels para la rehabilitación y renovación de edificiós de viviendas cuyos proprietarios sean ancianos de habla hispana.

3. Por cuanto el actual proyecto federal de viviendas es altamente indeseable para nuestros ancianos, se recomienda (1) Que todas las unidades de viviendas sean construídas de acuerdo con las preferencias socio-culturales de los hispanos tales como diseño, costo, localización, tomaño.

4. Por cuanto es por todos reconocido que los ancianos de habla hispana no están recibiendo la cuota proporcional de los programas Federales de vivienda, se recomienda (1) Que el Gobierno Federal adopte una política de vivienda utilizando una fórmula en la cual las unidades autorizadas para ser construídas o rehabilitadas sean reservadas para ancianos hispanos en proporción directa a la población de sus respectivas comunidades.

5. Por cuanto es un hecho que existe un requisito que fuerza a los ancianos hispanos a ceder sus reclamaciones a bienes raices, por ejemplo: tierras, fincas, etc., a fin de calificar como recipientes para programas de ayuda financiera, se recomienda que (1) Los requisitos arriba mencionados, los cuales son legalmente injustos y prohibitivos, sean eliminados y enmendados a fin de satisfacer las necesidades de los ancianos hispanos.

6. Por cuanto es una tradición altamente respetada por las familias hispanas de que estos ancianos tienen una fuerte y válida necesidad de permanecer viviendo en el seno familiar, se recomienda (1) Que un nuevo programa sea diseñado y adoptado para promover y proteger esta oportunidad de una continua participación dentro del seno familiar, y contribuír para responder al deseo de los ancianos hispanos para mantener sus sentimientos de utilidad social. (2) Este nuevo programa pagaría la renta directamente a los ancianos hispanos recipientes de subsidios económicos aunque estos vivan dentro del seno familiar.

Bienestar Espiritual

1. El Gobierno debe cooperar con los distintos grupos religiosos y organizaciones privadas con objecto de satisfacer las necesidades espirituales de los ancianos sin que por este motivo se olvide el principio de la separación de la Iglesia y el Estado.

2. Los ancianos de habla hispana deben participar en la redacción de los programas que afecten su vida espiritual desde su inicio hasta el momento de comenzar su funcionamiento.

3. Que todos los grupos religiosos y privados se den cuenta de cuales son las necesidades de los ancianos de habla hispana que no se limitan a servicios religiosos y otras cermonias y que se esfuercen por satisfacer las necesidades humanas de dichos ancianos.

4. La declaración de derechos de los ancianos hispanos deben de continuar siendo una responsabilidad de los distintos grupos religiosos que ademas deberán reconocer el valor de coordinar sus esfuerzos con los de los diversos grupos de la comunidad.

5. Todos los grupos religiosos y privados, especialmente los que cuentan con una cantidad considerable de miembros de habla hispana, deben gastar una cantidad proporcional adecuada de sus recursos para ayudar a los hispanos.

Resoluciones Generales

1. Se recomienda que se conceda a los ancianos hispanos una execución de impuestos de $5,000 sobre la propiedad mueble y personal en todos los Estados de la Unión.

2. Se recomienda que se active el dabate sobre el proyecto de la ley HR I y que el Congreso apruebe, sin enmiendas, la ley que garantiza un ingreso mínimo de $4,800 anuales para los ancianos en lugar de los $2,400 que se especificaban en dicho proyecto.

3. Se recomienda que todas las recoluciones aprobadas en la Sesión apliquen a los ancianos de las zonas rurales y urbanas por igual.

4. Se recomienda que el Congreso promulgue una ley por medio de la cual se otorgue la ciudadanía sin el requisito del examen de inglés a todos los que hubieran residido en los Estados Unidos durante 20 años.

5. Se recomienda que todas las organizaciones, publicas o privadas, que ofrezca servicios a los

ancianos de origen hispano cuenten con una cantidad proporcional de empleados bilingües y biculturales; y que el material y los modelos se impriman en español; y que mantengan informadas a las comunidades hispanas sobre todos sus servicios por medio de la prensa, radio y televisión.

6. Se recomienda al Presidente la creación de un Comité Nacional de Coordinación para los ancianos de habla hispana en el cual participen los consumidores; que redacte un programa nacional cuya estrategia permita resolver los problemas de los ancianos; que utilice fondos Federales, Estatales y municipales, y que evalué los programas existentes.

7. Se recomienda que el Negociado de Censo haga un estudio exhaustivo de los ancianos de habla hispana mediante el cual se llegue a una cantidad exacta de los ancianos hispanos de los Estados Unidos ya que las estadísticas existentes son muy escasas.

8. Se recomienda que se exija al Negociado de Estadísticas de Trabajo que ofrezca en detalle, por grupos étnicos, la cantidad de empleados que en un futuro próximo llegaran a los 65 años de edad con cuyos datos se podrán redectar programas para los ancianos hispanos.

9. Se recomienda que se promulgue una ley mediante la cual se reduzca la edad para el retiro de los ancianos hispanos a los 55 años de edad para los que habitan en ciudades y a los 45 años para los obreros migrantes rurales.

10. Se recomienda que se voten fondos Federales, Estatales y municipales para realizar investigaciones y estudios de los problemas peculiares de los ancianos de origen español como paso previo en la planificación de un programa global que verdaderamente pueda aliviar la situación desesperada de los ancianos de habla hispana.

11. Se recomienda que el Comité del Gabinete Presidencial de Oportunidades para los Ciudadanos de Habla Hispana con la cooperación del Consejo Nacional para Ancianos, el Instituto Nacional de Gerontología Industrial, el Consejo Nacional de Centros para Ancianos y la Asociación Nacional de Ciudadanos Ancianos creen una organización nacional de Ancianos de Habla Hispana que sirva como agente de los mismos al nivel municipal, Estatal y Federal.

12. Se recomienda que se investigue cuales fueron los estados que no enviáron Delegados de habla hispana a la Conferencia de la Casa Blanca Sobre la Ancianidad para escribirle al Gobernador expresándole el disgusto que la ausencia de dicha representación causó a los asistentes a esta Conferencia.

THE AGING AND AGED BLACKS

Leaders of the black community, as well as those of other major minority groups, were concerned because the regular program of the White House Conference on Aging made no visible provision for discussion of problems of the elderly among the minorities. The National Caucus on the Black Aged proposed that a Special Concerns Session on the Black Elderly be organized and a special effort be made to involve a significant number of members of the black community both as Delegates to the White House Conference and guests at this Session.

The White House Conference on Aging is indebted to Mr. Hobart C. Jackson, a member of the Executive Committee of the National Planning Board for the White House Conference on Aging, who served as Chairman of the Planning Committee for this Special Concerns Session, for his leadership in the planning, execution, and reporting of this **Session on The Aging and Aged Blacks.** Mr. Jackson interested outstanding black leaders in serving with him on the Session Planning Committee. (See Roster, page 196)

The Participants

More than 200 Delegates to the 1971 White House Conference on Aging preregistered for the Special Concerns Session on The Aging and Aged Blacks, and they were joined by so many other Delegates, observers, and invited guests that not even standing room was available when the Session began. Only official Delegates were permitted to vote on recommendations, although the discussion of the recommendations was open to all who were present.

The majority of those Delegates who chose to attend this Session were themselves black. They came from every State and from the Virgin Islands. They had participated in each of the needs and needs-meeting Sections, and some had been Section officers.

Many of the Delegates who attended this Session had participated in one or more of the preparatory meetings held by the National Caucus on the Black Aged on November 27 and 28 at the Washington-Hilton Hotel. Other Delegates had attended the National Conference on the Black Aged held in Washington a few weeks prior to the White House Conference. Still others (Delegates) were familiar with the working paper, entitled "The Multiple Hazards of Age and Race," which was prepared by Dr. Inabel B. Lindsay for the United States Senate Special Committee on Aging. The Delegates who attended this Session were thus aware of the problems that elderly blacks face and were familiar with many of the latest proposals to remedy their situation.

1971 WHITE HOUSE CONFERENCE ON AGING

PROGRAM

AGING and AGED BLACKS

Presiding—DR. BENJAMIN E. MAYS, President-Emeritus, Morehouse College and President, Atlanta School Board of Education

8:00 A.M.-8:10 A.M.—Opening Remarks
—DR. BENJAMIN E. MAYS

8:10 A.M.-8:20 A.M.—The Current Status of Black Aged: A Demographic Profile.
—DR. ROBERT HILL, Associate Research Director, National Urban League

8:20 A.M.-8:45 A.M.—Toward a National Policy for Black Aged.
—HOBART C. JACKSON, Chairman, National Caucus on the Black Aged, and Chairman, Advisory Council on Aging and Aged Blacks to the U.S. Senate Special Committee on Aging

(Program continued on next page)

(Program Continued)

8:45 A.M.-9:45 A.M.—Presentations of Major Policy Recommendations for Aging and Aged Blacks.

—**Education and Law**—DR. WILLIAM T. CARTER, Director, Division of Program Resources, Bureau of Educational Personnel, U.S. Office of Education, Department of Health, Education, and Welfare

—**Employment, Retirement and Income**—DR. MAURICE JACKSON, Department of Sociology, University of California at Riverside, Riverside, California

—**Facilities, Programs, Services and Transportation**—JOE HAM, Program Director, Oakland County Commission on Economic Opportunity, Pontiac, Michigan

—**Government and Non-Government Organization**—JAMES A. JOHNSON, President, Local Chapter of the National Association of Retired Federal Civil Service Employees and President, Tuskegee Institute Federal Credit Union, Tuskegee Institute, Alabama

—**Health**—DR. AARON HENRY, Pharmacist, Clarksdale, Mississippi

—**Housing**—ALAN PINADO, Assistant Vice-President, Life Insurance Association of America, New York, New York

—**Nutrition**—PEGGY BEST, Director, State Nutrition Program for Older Persons, Los Angeles, California

—**Planning**—WILLIAM T. ROGERS, Field Representative, National Committee Against Discrimination in Housing, New York, New York

—**Research, Demonstration and Training**—DR. JACQUELINE J. JACKSON, Associate Professor of Medical Sociology, Duke University Medical Center, Durham, North Carolina

—**Retirement Roles and Activities**—IRA HUTCHINSON, Assistant to the President, National Parks and Recreation Association, Washington, D.C.

—**Spiritual Well-Being** — FATHER DENZIL A. CARTY, Rector, Saint Philips Episcopal Church, St. Paul, Minnesota

9:45 A.M.-10:00 A.M.—Break

10:00 A.M.-10:45 A.M.—Discussion of Policy Recommendations

10:45 A.M.-11:00 A.M.—Concensus Formation on Policy Recommendation and Establishment of Priorities

11:00 A.M.-11:15 A.M.—Break

11:15 A.M.-11:55 A.M.—Presentation of Policy Concerns to Special Guests

—HOBART C. JACKSON, Chairman, National Caucus on the Black Aged and Chairman, Advisory Council on Aging and Aged Blacks to the U.S. Senate Special Committee on Aging

—Responses

11:55 A.M.-12:00 Noon—Towards a National Policy for Black Aged: A Follow-up Charge.

—DR. BENJAMIN E. MAYS

THE SESSION REPORT

Introduction

Participants in the Special Concerns Session on **Aging and Aged Blacks** and *The National Caucus on the Black Aged* were especially concerned about three major and related issues during the 1971 White House Conference on Aging. One was the insufficient—and generally lack of—attention given to minority groups, including blacks, in the formation of issues presented in the background materials and the workbooks for discussion and policy recommendations at the Conference, as well as the exclusion of any specific references to minority groups—including blacks—by major Conference speakers. The heavily jeopardizing status of being *black and old and often poor (and, frequently, female)* deserved more explicit recognition.

A second was a general feeling of black underrepresentation as Delegates and particularly so as compared with other minority groups. A subsequent examination of minority group delegate representation to the White House Conference on Aging revealed support for the latter fear. In comparison with our proportionate representation in the total United States 1970 population, we were slightly underrepresented, Asian Americans equaled chance representation, American Indians and Spanish speaking persons were clearly overrepresented.

We have estimated that there were 1.62 black Delegates per every 100,000 blacks in the United States in 1970. Correspondingly, Asian Americans, had 2.1 delegates per 100,000, Spanish speaking persons 2.8 per 100,000, and American Indians, 12.4 per 100,000.

This significant black *underrepresentation* cannot be justified by purporting greater tribal or ethnic diversity among the Asian Americans American Indians, or Spanish speaking Americans, thereby negating the considerable heterogeneity among blacks. Inadequate efforts by blacks to ensure satisfactory black representation, or black apathy, cannot provide sufficient explication, inasmuch as black efforts—at considerable expense of time and money by blacks themselves—were purposively and constructively exerted. In fact, black efforts probably far outweighted those of the other groups. Perhaps the most significant factor accounting for differential representation of minority groups may be sought in dominant responses to minority requests. If so, the need for blacks to remain critically concerned about blacks is yet extant, since we are those most likely to continue to experience the most severe forms of racial prejudice in the United States.

This black underrepresentation may also account for the feeling of some black Delegates that our numbers were too small to gain sufficient strength in actual policy deliberation and formation. Hence, while we appreciate the cooperative efforts which were received in enlarging our black representation, we may still be correct in believing that the "multiple jeopardy" confronting many black aged necessitated a larger black delegation to participate in forming a national policy on the aging, including aging blacks.

Insufficient time to prepare and insufficient space to present our preliminary report constituted the third overriding issue. Sheer numbers of black aged unduly victimized by race and poverty justify this concern. The 1970 United States population contained about 809,000 black females and 608,000 black males 65 or more years of age. Located in *every* State, twice as many black aged as white aged dwelled in poverty. Between 1959 and 1969, dollar income gaps between black and white aged actually widened. Thus, by comparison, black aged were worse off than white aged in 1969 than in 1959. Currently one of every two black aged lives in poverty. Three of every four live in substandard housing. Policy recommendations for black aged required more time than that provided for in the Conference.

Actual time needed for such deliberations may have been reduced had more information on aged blacks been available. Scant data are even now available. *The National Caucus on the Black Aged* was generally foiled in its attempts to obtain relevant data from the 1970 Census, but some recent breakthroughs have been made in this direction. The National Center for Health Statistics, to the extent possible, was quite cooperative. That is, data from that source was made available to us. The chief problem was the lack of sufficient data collected by that agency. In the future, and certainly before a possible 1981 White House Conference on Aging, all relevant data should be on hand for adequate policy deliberations *and* implementations.

These three points are important in any evaluation of the Special Concerns Session on Aging and Aged Blacks. More important, they are critical for those sincerely concerned about improving drastically the adverse plights of those blacks who are now old and those aging blacks who will become old.

Two major purposes characterize this presentation of our deliberations in the Special Concerns Session on Aging and Aged Blacks. The first is the presentation of all of the recommendations approved in that Session, following insofar as possible the actual language employed. Those recommendations are incorporated into *Section One* of this final report. The second purpose, contained in *Section Two,* is multifold. That purpose is to provide background data, much of which was set forth or alluded to during our deliberations; to present several additional recommendations arising from discussions of a significant number of persons following the Session; and to provide additional information on the reactions of participants to the Session, in general, and to the White House Conference on Aging, in particular. These reactions were systematically compiled and analyzed by Hobart C. Jackson.

Hobart C. Jackson was Chairman of the Special Concerns Session on Aging and Aged Blacks. Head of the Stephen Smith Geriatric Center in Philadelphia, Pennsylvania (a home established for black aged more than 100 years ago), he is also Chairman, *The National Caucus on the Black Aged;* Chairman, Advisory Council on Aging and Aged Blacks to the U.S. Senate Special Committee on Aging; and an active member of the Gerontological Society. The Presiding Chairman of the Session was Dr. Benjamin E. Mays, President-Emeritus of Morehouse College (Atlanta, Georgia), President of the Atlanta School Board of Education, and the 1971 "Senior Citizen of the Year" from Georgia. An eminent scholar, educator, administrator, and theologian, as well as an outstanding representative of aging individuals whose lifelong patterns of significant professional, civic, and community contributions persist over time, he is also a member of the Advisory Council on Aging and Aged Blacks to the U.S. Senate Special Committee on Aging. The Session Coordinator was Dr. Jacquelyne J. Jackson, Associate Professor of Medical Sociology, Department of Psychiatry, Duke University Medical Center, Durham, North Carolina, Secretary of *The National Caucus on the Black Aged,* and a member of the Advisory Council on Aging and Aged Blacks to the U.S. Senate Special Committee on Aging and the Gerontological Society. She is also the author of the only three published reviews assessing the current status of gerontological literature on black aged, which were partially supported by the National Institute of Child Health and Human Development (Grant #HD 668) and the U.S. Public Health Service (Grant #MH16554).

Those persons specifically responsible for chairing selected task forces to aid in developing our recommendations and whose tremendous efforts in this direction, as well as their commitment to black aged, cannot be overlooked include, in addition to those mentioned above, Ms. Peggy Best (Director, State Nutrition Program for Older Persons, Los Angeles, California); Dr. William T. Carter (U.S. Office of Education and then Grand Polemarch, Kappa Alpha Psi); Father Denzil A. Carty (Episcopal Rector, St. Paul, Minnesota); Dr. Aaron Henry (Pharmacist and State President of the National Association for the Advancement of Colored People, Clarksdale, Mississippi); Ira Hutchison, Jr. (Assistant to the President of the National Parks and Recreation

Association, Washington, D.C.); Maurice Jackson (then Associate Professor of Sociology, University of California at Riverside, California, and now Executive Associate, American Sociological Association, Washington, D.C.); James A. Johnson (President, Tuskegee Institute Federal Credit Union and President, Local Chapter, National Association of Retired Federal Civil Service Employees, Tuskegee Institute, Alabama); Alan Pinado (Assistant Vice-President, New York Life Insurance Company, New York, New York); and William T. Rogers, Jr. (Field Representative, National Committee Against Discrimination in Housing, New York, New York).

In addition, *The National Caucus on the Black Aged* and each participant in the Session were aided immeasurably by background data on black aged provided by Dr. Robert L. Hill, Associate Research Director, National Urban League (Washington, D.C.). Dr. Hill is also a member of *The National Caucus on the Black Aged* and the Advisory Council on Aging and Aged Blacks to the U.S. Senate Special Committee on Aging.

We welcome the opportunity to present in *Sections One and Two* below our recommendations and selected background data, with the hope that they can be implemented to improve dramatically the lives of aging and aged blacks and that the spirit in which they were given will become the spirit of the Federal Government which can mobilize their enactment.

SECTION ONE
Recommendations Approved in Session

General

1. All policy recommendations emanating from the Special Concerns Session on Aging and Aged Blacks should receive appropriate follow-up as quickly as possible. At least one black representative should participate in the preparation of the final report from each Section (i.e., Education; Employment and Retirement; Physical and Mental Health; Housing; Income; Nutrition; Retirement Roles and Activities; Spiritual Well-Being; Transportation; Facilities, Programs and Services; Government and Non-Government Organization; Planning; Research and Demonstration; and Training). Preferably at least one such black representative should be from *The National Caucus on the Black Aged*.

2. Above all, first priority should be given to establishing a system providing at least a guaranteed, moderate income for all black aged. Income needs exceed all other priorities.

3. When the President's Domestic Council (or whatever agency makes final recommendations on aging to the President) considers the various policy recommendations, that body should have at least proportionate black representation on its staff and as consultants. If Hobart C. Jackson is not properly included as a consultant, a copy of all action taken on all of our recommendations should be forwarded to him for his consideration within a reasonable time following the action taken, and prior to its presentation to the President, so that appropriate modifications can be made. Those recommendations requiring Federal legislation should be forwarded to appropriate bodies for such consideration and every effort should be made to involve the Congressional Black Caucus.

4. Inasmuch as insufficient data are available on aging and aged blacks from all Federal agencies collecting and interpreting such data, it should be mandatory that all such agencies be compelled to collect data from a sufficient sample size to ensure that multivariate analyses providing greater information on patterns and processes of aging among blacks can be undertaken. The Federal Government is urged to present a report on aging and aged blacks at regular intervals during the years ahead, such as every 5 years, so we can measure the changes, if any, occurring in their conditions. The Census should shift from a decennial to a quinquennial format and should report data fully for blacks without including us in any category of "nonwhites."

5. The White House Conference on Aging should provide us with periodic reports for its follow-up of our recommendations, with the first report to be presented in not less than 9 months following the close of this Session and with remaining reports to be presented by the Federal agency or agencies having any responsibility for

the aged yearly following the initial report. This report and all subsequent ones should include all relevant data, including that on food from the U.S. Department of Agriculture, participation in the labor force from the U.S. Department of Labor, housing patterns from the U.S. Department of Housing and Urban Development, and research, demonstration, and training as well as health care and Social Security data from the U.S. Department of Health, Education, and Welfare. Copies of such reports should be forwarded to all members of *The National Caucus on the Black Aged,* all State agencies of aging, and all other relevant organizations or agencies, as well as being made available at cost at the U.S. Government Printing Office. From time to time, blacks themselves should be consulted for an evaluation of those reports and for policy formation and implementation.

Education

6. The Federal Government should provide, through appropriate training programs, realistic and effective opportunities for elderly blacks to further, without cost to them, their educational goals.

7. The administration of the proposed program for effective education for elderly blacks should provide for funding support to institutions for such training projects, or stipend and tuition costs to be paid directly to the elderly to enroll in courses or curricula of their choice wherever available.

Employment and Retirement

8. Since income is the most serious problem confronting many aging and aged blacks, significant attention should be given to improving substantially the income levels of all blacks.

9. Inasmuch as a significant proportion of contemporary black aged have been a part of the labor force—working fulltime for poverty wages and in menial jobs generally lacking adequate fringe benefits related to retirement—it is recommended strongly that employment opportunities for aged blacks should not be regarded as a substitute for provisions of adequate income without any additional work in their old age. In other words, while we strongly support efforts made to provide meaningful employment for those who are old and black who desire labor force participation for reasons other than needed income supplementation to ensure survival, we feel that *old blacks who do not desire to work should not have to engage in employment only to supplement inadequate incomes, but, as already recommended, should have a guaranteed, moderate annual income.*

10. The proposed National Senior Citizens Community Service Program should be enacted and implemented, with sufficient consideration given to black participation and representation at all levels, provided that no aged black is forced to participate in such a program.

11. The Federal Government should initiate guidelines and policies to govern and enforce adequate standards of private pension systems and establish a mandatory pension portability system for all workers.

12. The Federal Government should require that all employers pay employees at least minimum wages and minimum wage coverage should be extended to all workers, including domestics and farm laborers. Fringe benefits should include adequate provisions for sick pay, annual leave, and life insurance which, in cases of employers with very few employees, could be accomplished through Federally sponsored programs requiring regular financial contributions by employers to employee coverage.

13. The Federal Government should take steps to reduce significantly high unemployment rates typically found among blacks so that no significant differences will characterize black and white unemployment rates. It should also remain cognizant of those significant links between employment in the earlier years and retirement in the later years so as to reduce current gaps adversely affecting aging and aged blacks.

Physical and Mental Health

14. Medicare coverage should be expanded and improved to provide coverage for home care,

long-term care and extended care without prior admission to an acute-care hospital, and expanded coverage for home care, coverage for out-of-hospital drugs, and removal of the 100-day limit on skilled nursing home care for those patients who continue to need such care should become a reality.

15. Parts A and B of Medicare should be merged and all deductibles and co-payments should be eliminated. Services previously excluded, such as foot care, eyeglasses, eye refractions and examinations for eyeglasses, hearing aids, false teeth and dental care, other prostheses, and out-patient psychiatric care should be included.

16. Medicare coverage should expand to include disabled Social Security beneficiaries.

17. Front-end financing from the Medicaid Trust Fund should be utilized to develop senior citizen day-care centers and a full range of geriatric health service centers, including community health outreach workers, transportation, information referral and advocacy services and such centers should be owned and operated by nonprofit indigenous community corporations.

18. The Administration on Aging, or whatever agency supercedes that agency in assuming overall responsibility for all Federal programs related to the aged, should identify and design and support opportunities for older persons to render services to their communities.

19. The Administration on Aging (with the above qualification), and any or all public and private agencies concerning themselves with the aging and the aged, should join together in a cooperate effort to develop programs of technical and financial assistance for local community groups to provide daily meals to ambulatory older persons in group settings and to shut-ins at home.

20. The $2 billion spent yearly by the Federal Government for private nursing home services should be diverted to nonprofit social utilities and homes for the aged sponsored by religious or benevolent organizations or community corporations with joint consumer control and equity by a representative number of the elderly receiving services. Such homes should receive sufficient financial support to ensure their maintenance.

21. Existing nursing homes and long-term care facilities owned by black nonprofit sponsors should be given grants and low-interest bearing loans for renovation and construction to meet minimum state and Federal standards.

22. The archaic practice of static custodial care in institutions where the elderly go "to lie and die" is self-defeating, inhuman, and economically unsound. We recommend its abolishment and, in its place, the development of a "Socio-Medical Approach" utilizing progressive patient care techniques (phased intensive, intermediate, minimum care, rehabilitation, resettlement—all representing joint health team efforts) integrated with community support to maintain the elderly in their chosen environments, with those services including, but not being limited to, home health services, occupational and physical therapy, recuperative holidays, meals-on-wheels, day centers, recreation clubs, and ambulances and other transportation services.

23. The following new trends in long-term care should be researched and implemented wherever feasible: holiday admissions (the voluntary admission to nursing homes/extended care or appropriate facilities during planned family vacations); short-term admissions (providing for intermittent 2-week admissions of aged patients every 4 months) and day hospital (utilizing a unit combining medical and nursing care, physical and occupational therapy, and a noon meal for the aged).

24. The implementation of health care legislation should be uniform and mandatory and independent of matching State funds or voluntary participation of individual States.

25. Wherever feasible within black communities, comprehensive health services should be delivered through a community health corporation composed of indigenous consumers and providers rather than the traditional approach (medical schools, public-health departments, and medical associations, et cetera). This health corporation should secure significant input from informed and relevant consultants within or without its community. Satisfactory implementation of this proposal would net needed equity, cultural relevance, self-sufficiency, and self-respect in health-care for blacks.

26. Research in experimental health delivery systems should be conducted to determine the best method of financing comprehensive geriatric services. Arrangements might include front-end financing from Medicare Trust Fund, Medicaid appropriation for neighborhood health centers, or a combination of social insurance and general tax revenues for Health Maintenance Organizations.

27. Restrictive provisions of H.R.1 (the "Family Assistance Plan") pertaining to Medicare and Medicaid cutbacks should be opposed. Those sections pertaining to the aged should be separated from those pertaining to non-aged and incorporated into a separate bill. H.R.1 in its present form should be actively opposed by all genuinely concerned about aging and aged blacks.

28. The scarcity of black health professionals necessitates sufficient Federal allocations for training black females and males as physicians, nurses, pharmacists, dentists, technicians, social workers, dieticians, and other relevant health professionals to increase dramatically available black health professionals in the next decade. Their training curricula should include mandatory geriatric and gerontological exposure.

29. The Federal Government should continue to enforce racial desegregation in all medical facilities—including nursing homes—coming under its jurisdiction or using any Federal funds. Such policies should apply to all administrators, staff, and patients.

30. The Federal Government should require adequate hospital and other health insurance coverage for all labor force employees—including domestics and farm laborers—or it should move immediately towards other coverage methods such as, in the opinion of some Session participants, nationalized health systems. Irrespective of socioeconomic status and geographical location (which may necessitate greater medical services delivered via aeroplanes), all black aged should have access to good health care.

Nursing Homes

31. Sufficient attention should be given to establishing nursing homes for black elderly needing such facilities, with staff comprised of competent personnel with adequate knowledge and understanding of and respect for their subcultural backgrounds.

32. Governmental reimbursement to nursing homes for the care of residents whose care is financed with public funds should be at a level consistent with the actual cost of this care.

33. Private and public nursing homes yet practicing racial discrimination should be made to conform to standards of compliance with nondiscriminatory policies pertaining to race. Enforced compliance wherever necessary is essential.

34. The greater problem for black aged is not one of remaining without but of *getting into nursing homes.* Thus, sufficient attention to reducing barriers preventing needed black admissions to nursing homes is urgently needed.

Housing

35. The Federal Government should increase the supply of housing available to low and moderate income minority elderly through such measures as providing seed monies and loans for creating and supporting nonprofit minority housing development organizations. Provisions should be made for technical assistance and 100 percent financing to develop housing available for the elderly of all races.

36. Federal policy should require the provision for low and moderate income elderly housing in all new cities or communities, planned unit developments, urban renewal and model-cities areas and other similar developments receiving Federal assistance.

37. The Federal Government should fund a system of fellowships and scholarships to low-income students to provide education and inservice training in the development and management of nursing homes and other residentially-oriented facilities. Programs should include a representative number of trainees from all racial and ethnic groups.

Income

38. A minimum guaranteed annual income of $6,000 for a single aged person and $9,000 for

an aged couple should be established, with appropriate cost-of-living indices attached to these bases. This recommendation—particularly desirable for black aged who have experienced lifelong poverty—could be modified to restrict its beneficiaries to those whose average earnings (singularly in cases of individuals bereft of spouses for at least 10 preceding years, and collectively for married individuals) never exceeded $9,000 annually during their working years.

39. The minimum age-eligibility requirement for primary beneficiaries of Old Age, Survivors, Disability, and Health Insurance (OASDHI under Social Security) should be reduced by 8 years for black males so as to erase existing racial inequities.

40. Aged workers supplementing their retirement funds through work should not be penalized for monies earned unless those earnings place their total income above the national median income during any taxable year, and, in addition, the category of Old-Age Assistance (OAA) should be deleted from Social Security, since a majority of blacks receiving that aid are those who were denied sufficient participation in OASDHI and in the labor market in their working years. They should merely be eligible for OASDHI at a monthly minimum placing them above the poverty level. All workers and their dependent family members can and should be adequately covered by OASDHI, and the aged do not need to be stigmatized by coverage arising from OAA. Coverage under OASDHI should continue until such time as that system is replaced by a more effective system.

Nutrition

41. The Federal Government must allocate substantial funds for comprehensive nutrition action programs to rehabilitate malnourished aged and prevent malnourishment in those approaching retirement. These nutrition action programs must provide health-related components in addition to research components. Additionally, all nutrition health-related research must have a service action component.

42. Government resources allocated to nutrition should concentrate on providing food assistance to those in need. This food assistance program must be improved whether by commodity distribution or food stamps to make more commodities available to senior adults in more accessible distribution centers with transportation for seniors to and from the centers. Commodity foods must be packaged in smaller units for one and two person families to reduce spoiling and food poisoning dangers. *An adequate guaranteed income, however, should eliminate any need for the above for older persons would not be in poverty and would be able to purchase their foods in the modal American manner.*

Retirement Roles and Activities

43. Inasmuch as retirement roles and activities are influenced heavily by such variables as income, health, housing, and education, we recommend strongly, significant improvements in these areas for aging and aged blacks, so that we will be better able to engage in preretirement and retirement roles and activities, including leisure usage of time.

44. Better planning for recreation outlets for black aged, based upon their needs and desires, should be encouraged, with aged blacks playing decisive roles in developing and implementing those plans.

45. Consideration should be given to the need for improved transportation services at reasonable costs, better street lighting and police protection in predominantly black neighborhoods, and other factors enhancing aged participation in desired roles and activities.

46. Public housing designed for the elderly—and especially for elderly blacks—should contain temporary lodging provisions for their out-of-town visiting relatives since the high costs of commercial lodging available often prohibits or adversely affects these visiting patterns.

47. All governmental and nongovernmental agencies concerned with the aged should give greater consideration to utilizing professional talents and skills of aged blacks, who have a wealth of information and experience to share and who can enrich the lives of all Americans.

48. All levels of public and private education should include training for leisure activities and continued adult education outlets should be made available for all older persons.

49. Formal retirement activities for aged blacks should include both age-integrated and age-segregated activities since some aged blacks prefer the former, some the latter, and some, both.

50. While greater emphasis upon developing voluntary roles and activities for aged blacks with adequate income is needed, greater emphasis must be placed upon developing more *salaried* roles and activities (which are meaningful and satisfactory to them) for those aged blacks without sufficient income until such time as they also receive adequate income.

51. Existing recreational outlets, such as movie theaters and restaurants, should be encouraged to provide reasonable fares for the aged and to provide services—including entertainment—favorable to the aged.

Spiritual Well-Being

52. The Federal Government should make it possible for black churches to sponsor housing for black aged and should give them all the help and direction possible, including the use of black institutions for financing purposes.

53. All national church denominations should broaden their interpretation of the Fatherhood of God and the Brotherhood of Man, which is implied in spiritual well-being, by making certain that all nursing and rest homes and other living facilities for the aged under religious aegis reach out to include minorities irrespective of race, color, or creed. This is particularly important when such institutions use government funding.

54. Since spiritual well-being and economic well-being are significantly correlated in a variety of ways, the former may be improved by improving the latter. Anything less than a moderate guaranteed annual income would be meaningless and simply prolong the suffering of those aged in unnecessary poverty.

55. The Federal Government should sponsor a consortium of black and white clergymen to seek, under the the banner of spiritual well-being, concerted action within all churches and the community-at-large, working toward the understanding of the monster of racism so as to eradicate it, in the name of God, Father of all mankind, from our society.

Transportation

56. The Federal Government should establish or subsidize transportation systems providing services at lower rates and operating on convenient time schedules for aged blacks in all areas with black aged residents. In addition to better bus service, subsidized taxi-cab service, et cetera, physical arrangements should be improved so as to reduce difficulties black aged may experience in mounting unusually high steps, standing in unsafe places, and waiting services in bad or cold weather.

57. Needed transportation to medical facilities, grocery and other shopping outlets, and business places (such as food stamp distribution centers at the present time) should be provided at minimal costs to the participants.

58. Especial attention is needed in reducing transportation problems of rural black aged.

Facilities, Programs, and Services

59. In general, facilities, programs, and services for black aged are woefully inadequate due to a variety of reasons. An assessment of the current status of black aged in existing programs (including such Federally funded ones as Foster Grandparents, and the training and effective use of subprofessionals and volunteers in Titles I, IV, X, XIV, and XIX under the Social Security Act, food stamp and food distribution programs under the U.S. Department of Agriculture, and Medicare under Social Security) should be made available to *The National Caucus on the Black Aged* for consideration and policy recommendations to appropriate agencies as quickly as possible.

60. All Federally funded demonstration programs should be required to evaluate themselves and adequate funds must be built-in to provide for independent evaluation by outsiders to deter-

mine program effectiveness and the need, if any, for program continuation.

61. Greater diversity in substantive content and in geographical location is needed for most facilities, programs, and services for black aged and every effort should be made to extend such diversity so that all black aged will have reasonable access to these programs.

62. Many existing programs and services are unduly hampered by insensitive and incompetent personnel insofar as they relate to black aged. One solution is greater employment of blacks—and especially of older blacks—in such programs.

63. Often information about existing facilities, programs, and services is withheld from blacks in various ways, necessitating thereby a need to increase information flow to blacks through prime television-viewing hours for older blacks, churches, and other existing and new black communicative networks.

64. Considerable outreach to make older blacks feel comfortable in using facilities, programs, and services from which they were, or would have been, excluded during most of their lives because of racial segregation is needed. Simultaneous efforts should be made to establish facilities, programs, and services amidst the communities where black aged reside.

65. The Federal Government, on a continuing basis, should require all new and existing facilities for the aged, including housing, to report the extent to which they will and actually are serving minorities. Facilities with poor records should be required to implement meaningful affirmative action programs or lose their Federal funding.

66. A majority of the participants were cognizant both of the need for facilities, programs, and services for aged blacks and the need to refrain from unduly emphasizing those areas at the expense of providing sufficient incomes to black aged who, in turn, could be effective consumers of available programs, services, and facilities. The tendency was that of emphasizing greater selectivity or choice by aged blacks, as opposed to more current practices where many aged blacks have almost no option other than that of being at the mercy of those providing services.

Government–Non-Government Organization

67. The Federal, State, and local governments should become strong advocates for aged blacks, serving to identify their needs, to promote programs of public education and interpretation of needs and how those needs may be met, et cetera.

68. Government employees functioning as advocates for the aged must include individuals reflecting the race and sex composition of their respective cachement areas. When black aged are within the cachement areas, every consideration should be given to weighting that employee composition to reflect the "multiple jeopardy" affecting many aged blacks.

69. All levels of government should provide financial resources to black organizations capable of providing more efficient services to black aged than those they now receive.

70. Greater emphasis should be placed upon the responsibilities of the private sectors for meeting the needs of aged blacks.

71. The Federal Government should act immediately to bring about significant changes in undesirable housing conditions of aged blacks; and all Federally-approved housing in which aged blacks reside should be equipped with necessary mechanisms to ease their lives, including telephone service where their own incomes prevent the purchasing of that service.

72. More seed monies should be given to national and regional black organizations interested in the aged so that they can develop viable program networks. Such organizations should include, but not necessarily be limited to, *The National Caucus on the Black Aged*, *The National Urban League* (as is presently the case with certain fundings this organization has already received), black fraternities and societies (such as *Kappa Alpha Psi* and *Delta Sigma Theta*), *National Hospital and Nursing Home Employees. Union #1199*, and *The National Committee of Black Churchmen.*

73. Information about existing granting programs and all new granting programs should be mailed periodically to major black organizations by the appropriate Federal agencies.

74. The Federal Government should ensure that blacks are adequately represented at all policy-level and in all staff positions in all of its agencies and in its counterpart State agencies (such as a State agency on aging). Black representation in top-level administration, on review committees, and as principal investigators of research projects or directors of demonstration programs involving any significant number of aging and aged blacks is imperative.

Planning

75. Since planning is so critical, comprehensive and well-integrated planning for aging and aged blacks at all levels is urgent. Aging and aged blacks must be effectively involved as planners and as those who "plan the planners." Such planning should be designed to reduce drastically racism, poverty, and ignorance and any planning *for*—as opposed to *with*—blacks. Blacks must also be effectively involved in planning, planning implementation, and planning evaluation of a "National Policy on the Aged."

76. Older blacks should be significantly involved in Federal planning of the delivery and utilization of services, including integrated approaches to community services and uses of public facilities. Federal regulations providing guidelines for implementing Federal legislation should include required guidelines for establishing and locating programs, services, and facilities in areas of ready access to black aged.

77. Since housing is a critical problem for many blacks, the Federal Government should enforce more fully its anti-discrimination laws in housing, increase its efforts to provide standard housing in all geographical areas, eliminate subtle discriminatory real-estate and other practices adversely affecting blacks as far as possible, and, above all, upgrade immediately the housing occupied by most aged blacks.

78. Planning and planning implementation based upon this Session's recommendations and others emanating from the White House Conference on Aging and pertinent to aged blacks should be followed up with swift action in terms of short-range and long-range goals. Blacks should be meaningfully involved in planning and planning implementation, but they should not be brought in merely to rubberstamp the plans of others. They should not be brought in after planning has been completed. They should not be brought in without any authority to participate in planning and its implementation. *The Federal Government should underwrite financial costs of such participation because such blacks are generally unduly handicapped when "voluntary" participation is required of them in such activities* as those leading to and including the White House Conference on Aging. Most black national organizations lack the necessary financial base to permit such participation.

Research, Demonstration, and Training

79. At least 12 percent of all Federal funds allocated for research, demonstration, and training in aging and in related fields (e.g., medicine, dentistry, sociology, psychology, social work, physiology, economics, and religion) in any and all fiscal years during the next decade, and beginning with Fiscal Year 1972, should be specifically earmarked for blacks.

80. Given the great difficulty often experienced in obtaining adequate data on aging and aged blacks, and especially those 55 years of age, from Federal statistical sources such as the U.S. Bureau of the Census or the National Center for Health Statistics, those agencies should increase substantially their sampling sizes in all future data collections from older blacks. Such an increase—at the very least—would permit various multivariate analyses of data furthering our knowledge and understanding of aging complexities (such as the social, psychological, and biological processes) among blacks. Data about blacks should be reported in categories specifically confined to blacks as opposed to a customary practice of collapsing blacks and other nonwhites. Many similarities may characterize blacks and other nonwhites, but their differences also deserve greater recognition, such as the implications of recent census data indicating a higher median educational level among blacks than among Mexican-Americans, but a higher median income level among the latter than the former (which may be

partially explained by the greater concentration of Mexican-Americans in the West and the generally higher income level of that region as compared with remaining U.S. regions, and particularly the South).

81. The paucity of adequate data on black aged should be rectified by the development of adequate gerontological research on black aged in basic and applied areas, including longitudinal research. Hence, we support proposals to establish a National Institute of Gerontology (two of whose major functions would be basic research and graduate training support) provided that it contain a Division of Black Gerontology controlling approximately 30 percent of the total Institute funds. Failing that, we urge the establishment of a Federally funded National Institute of Black Gerontology. Until such time as either of these two Institutes becomes a reality, we urge all existing Federal and private agencies to provide basic and applied research funds for black aged research.

82. Basic research is urgently needed to identify more satisfactorily variables inducing premature aging and death among black males, as seen in their significantly shorter life expectancies. This concern can be extended to other vulnerable minority groups, so we urge the initiation of studies designed to identify factors contributing to such vulnerability and practical action upon the emergent findings.

83. We recommend strongly a significant increase in trained professionals and paraprofessionals in gerontology and geriatrics as related to black aged, which could be readily facilitated by allocating training funds at least proportionate to our representation in the population to blacks for these purposes, as suggested in #79 above, with the understanding that *at least* does not imply a quota system suggesting no less than, nor any more than that entitled to by proportionate representation. In other words, much more than 12 percent of allocated funds for training could be used to develop black professionals and paraprofessionals.

84. Students entering professional programs should be disciplinary based, and they should be encouraged to train in the best programs in the United States, such as at Duke University, University of Southern California, University of Michigan-Wayne State University, and Washington University (St. Louis).

85. While we do *not* support the development of separated, isolated programs from the gerontological and geriatric mainstream, and while we do support pluralistic incorporation of blacks at all levels in existing gerontological and geriatric programs of high calibre (where curriculum revisions are needed to ensure training pertinent to various aged subcultures), we also believe that certain black colleges should be funded sufficiently to train students and, where needed, faculty in aging. Especially useful would be the integration of aged curricula into existing curricula. Four such institutions which we feel should be funded —should they so desire—are Florida A. and M. University, Tuskegee Institute, Texas Southern University, and St. Augustine's College, since those institutions are strategically located with respect to the aged and have, or can readily develop, adequate resources for such programs. We do not believe that undergraduate majors should specialize in gerontology, but that feasible Associate of Arts degree programs could be developed at the aforenamed institutions.

86. At this time, we strongly recommend that three black institutions should offer a master's degree program in gerontology or a disciplinary or interdisciplinary-based program with a concentration in gerontology. These three institutions are Atlanta University, Fisk University (where there is now an existing program funded by the Administration on Aging as of 1971), and Howard University, since all three are strategically located with respect to facilities, personnel, resources, and since a considerable portion of black aged fall within their immediate or long-range geographical arm.

87. We recommend that the Adult Aging and Development Branch under the National Institute of Child Health and Human Development not restrict its training funds to doctoral programs, but under special circumstances, release training funds on the master's degree level to Atlanta, Fisk, and Howard Universities should they so desire.

88. We urge the Administration on Aging and its parent body, the Social and Rehabilitation Service under the Department of Health, Education, and Welfare, to reconsider the feasibility of providing inadequate funds, as was done in 1971, to six black institutions for gerontological or aging-oriented programs, since our careful analysis of that situation strongly suggests Federal participation in "programming for failure." In the long-run, programming for quality instead of programming for quantity will be of greater value. Thus, we recommend careful consideration by the Administration on Aging in its funding patterns in aging to black colleges and universities in succeeding years of its operation.

89. Since we have not been able to obtain data on the precise nature and extent of black participation in demonstration programs Federally funded, we urge that all Federal agencies so involved, such as the Office of Economic Opportunity and the Administration on Aging, provide us with information about those programs within a period of 3 months following the publication of this final report. Desired data include the number, nature, and locality of programs and the proportion and roles of black administrators, staff personnel, volunteers, clients, and other participants. We are especially concerned about the lack of evaluation of these programs and recommend strongly, outside independent evaluation. The specific area of evaluation with which we are concerned is the effectiveness of the programs for aged blacks.

90. We strongly recommend the establishment of a single Federal agency as an umbrella for all Federal programs concerned with the aged, and under which a National Institute of Gerontology might be housed. Representative black participation at all levels is a *sine qua non*.

91. Certain current practices of various educational institutions of higher learning, wherein consideration is given to lower-income black students or potential students at the expense of middle-income students or potential students, should *not* operate in selecting students for gerontological or geriatric training. That is, the best qualified black students should be selected, irrespective of their socioeconomic backgrounds.

SECTION TWO

Additional Recommendations and Background Information

Additional Recommendations

The following "additional recommendations" constitute those which were developed subsequent to the Special Concerns Session on Aging and Aged Blacks, but which have received sufficient support to warrant their inclusion in this report.

92. A black Technical Advisory and Assistance Team should be established to function as "link" agents in aiding blacks interested in developing programs, facilities, and services for blacks and in aiding nonblacks concerned about developing such programs, facilities, and services. *The National Caucus on the Black Aged* has no staff and has insufficient monies to handle effectively the innumerable requests it has received for assistance. The Federal Government, with the advice of or through *The National Caucus on the Black Aged*, could set up that team by underwriting its financial support for an initial period of at least 5 years. If this proposal is feasible to the Federal Government, Federal assistance in developing and funding proposals would be greatly appreciated.

93. We strongly recommend that all such Conferences include a specific and separate Session on Aging and Aged Minorities within such Conferences and pay especially close attention to problems confronting persons over and above those merely associated with aging. The initial oversight in omitting a specific focus upon minority group aged should not be an oversight—or deliberate omission—in follow-up conferences and action. At the very least, most State follow-up conferences should include a Section on Aging and Aged Minorities and a Section on Special Concerns from the remaining Special Concerns Sessions.

94. *The National Caucus on the Black Aged* wishes to express its appreciation to Dr. Arthur Flemming for his capable handling of many aspects of the White House Conference on Aging and for the cooperation he extended to us in a variety of ways. His leadership and his sensitivity towards all aged were and are remarkable.

Background Information

Considerable background information was infused into deliberations leading up to and including the Special Concerns Session on Aging and Aged Blacks so as to facilitate policy development already limited by insufficient available data on black aged. Since various responses may be made to our recommended policies by persons not having the opportunity to deliberate with us, selected background information is presented below so as to provide greater insights about some of our critical concerns.

Education: Some elderly blacks denied sufficient access to formalized education in their formative years who now wish to further their education can benefit from additional education by continuing to improve their coping skills and techniques for functioning in today's technologically changing world. Any number of older blacks could well welcome meaningful courses centered around hobbies, death and dying, and wills and estate management. The educational needs of aging blacks (i.e., those not yet old) should be emphasized by placing stress upon substantial qualitative and quantitative education available for younger blacks. Further, significant upgrading in educational "pay-offs" for younger blacks should occur in occupation, employment, and income, and especially so for many black females so as to reduce the significant amount of economic dependence now characteristic of old black females without spouses.

Employment and Retirement: Most aged blacks have been active within the labor force, most often in the lowest occupational levels at poverty-level wages. Thus, many black aged have been in poverty throughout their lives. Some remain in the labor force after age 65 years (in 1970, about 24 percent of the males and 13 percent of the females were still in the labor force) primarily to supplement meager incomes or, less often, because they hold professional employment where mandatory retirement occurs beyond 65 years. A number experience involuntary retirement at age 65 years or even earlier. Labor force participation by aged black females has increased slightly and that of aged black males has decreased slightly over the past decade. In general, increasing difficulties older blacks are experiencing in obtaining and maintaining employment at even younger years points towards at least the need to redefine old age for retirement benefits for blacks. Provisions are needed both for adequate retirement incomes for retired blacks and for employment opportunities for those now forced to retire while they are still employable. Black heterogeneity should be considered in developing employment and retirement policies. Blacks need more preretirement programs and, of course, more adequate retirement provisions.

Physical and Mental Health: Widespread awareness of racial discrimination in the area of health precludes any need to document it anew in this report. Often, black medical and dental care is negatively affected by such factors as race, socioeconomic status, scarce health personnel in black communities, and disrespect to blacks by health-care personnel. Many blacks—shunted off to the least prestigious health facilities (e.g., public clinics or public health departments largely dependent upon public health nurses) or to substandard State mental institutions—receive inferior health care. Black morbidity and mortality rates readily attest to racial discrimination. Diseases disproportionately typical of blacks receive considerably less research, curriculum, diagnostic, and treatment focuses than those typical of whites. Reduction of racial discrimination in health care should result in improved health care for aging blacks, including greater availability of health professionals and greater access to medical consultations via telephone, as well as a decrease in black mental illness primarily induced by racism. In the years ahead, much greater attention must be given to the health care needs of aged blacks since it is quite likely that aged blacks in the future may not be as healthy as aged blacks in the past. In addition, blacks are increasingly regarding health care as a right and such an attitude is likely to be accompanied by a greater demand for service.

Nursing Homes: Research is needed on the availability and use of nursing homes among blacks. More physically attractive, well-staffed, and efficient nursing homes are needed for blacks. The likelihood of greater prevalence of infirmities among black aged in the future suggests rising institutionalized rates or at least the need for institutionalization among them. Present planning is needed for those currently requiring but unable to receive institutionalization and for those needing institutionalization in the years ahead. Among the manifest problems preventing adequate institutional facilities for black aged is the Federal Government's failure to provide sufficient seed and maintenance monies to black, nonprofit nursing homes, so that they can develop and maintain satisfactory physical, medical, and social services. Governmental funding should make available planning grants, 100 percent capital financing, and operating costs on the basis of the full costs of care and services provided.

Housing: As already noted, substandard housing affects three out of every four black aged. They may not have hot water or bathrooms with standard safety provisions for the aged. They may have drafty houses and broken steps, and so on. Incomplete 1970 Census housing profiles were available at the time of this Conference, and efforts by *The National Caucus on the Black Aged* to obtain all relevant housing data from the 1970 Census were largely unsuccessful.

In general, the monograph on *Population, Housing, and Income, and Federal Housing Programs* (U.S. Department of Housing and Urban Development) distributed to Conference participants, was of scant help in providing us with a relevant profile of housing patterns and conditions among aged blacks and of changes over the past decade. Without quibbling about the failure to capitalize the proper noun *Negro* in that report, we can point out several gaps. Racial presentations of data should consider differential group aging. Based upon that assumption, and since blacks become old at an earlier chronological timepoint than whites, data on blacks 55 or more years of age would have been more useful than that merely on those 65 or more years of age, as presented, e.g., in Table 1-S of the HUD report. Since there are sex differences among blacks (such as lower median incomes among females than among males), presentation of data by race and sex would have been useful in the majority of the HUD tables, such as in the data presented on institutionalization. Omitted from Table 4 was information about blacks occupying owner and renter units, and subsequent tables concerned with that variable were restricted primarily to husband-wife families, although a large proportion of black aged no longer reside in husband-wife families, due principally to the death of their spouses.

Racial information on husband-wife occupied housing units by plumbing facilities and persons per room was useful, but the omission of such data on spouseless household heads among blacks was significant since substandard housing is probably more severe among the latter than the former. That omission tended to mask the critical housing conditions of many black aged.

The failure to report income data by race in Tables 9-11 was highly significant since, as aforementioned, racial gaps in aged income widened between 1959 and 1969. In all probability, many Conference Delegates—and especially those in the Income and the Housing Sections—may not have been aware of those racial differences in income. If they had had available data, some of their policy recommendations might have been modified or structured differently.

Data were not provided about Department of Housing and Urban Development housing loans to black nonprofit groups or about the extent to which such groups had sought loans. Nor were we given data about the total proportion of blacks in each State's aged population, so, as in Table 19, we could not determine if aged blacks were underrepresented, equitably represented, or overrepresented in low-rent public housing.

No racial breakdown was presented in Table 43 on monthly charges per beds for patients in FHA Nursing Homes by Type of Accommodation. We could infer that very few blacks were accommodated since only about seven percent had monthly costs under $300, but we were not able to assess the validity of that assertion. Also, racial distributions by type of room (i.e., private, semi-private, or ward) and locations in each State were omitted. Such data could aid in assessing use of nursing homes by blacks.

Data omissions indicated above and similar ones could be made available to us by the U.S. Bureau of the Census and by Department of Housing and Urban Development. A more systematic review of that monograph may also result in more suggestions for future data collection, analysis, and interpretation from us. The making available of all pertinent housing data collected by Federal agencies on blacks as well as information on Federal housing programs for the aged to national black organizations, including churches, may be useful in stimulating greater black participation in aged housing developments.

Income: In listing their most critical needs, most black aged cite income first, a priority validated by income data on aged blacks, and particularly so in the case of aged black females whose incomes are generally even lower than that of aged black males. While many poor black aged display extraordinary functional skills in budget management, every effort should be made to improve their low incomes.

The proposal to reduce minimum age-eligibility requirements for black male primary beneficiaries of OASDHI received overwhelming support in the Special Concerns Session on Aging and Aged Blacks, but the Income Section of the Conference failed to provide majority approval. Given the controversy this proposal may have aroused, some background information on it may be helpful in mobilizing additional support.

The background information presented below was extracted from Jacquelyne J. Jackson's "Aged blacks: a potpourri in the direction of the reduction of inequities" (*Phylon*, 32:260-280, 1971).

In 1967, Herman Brotman noted anew that, on the average, nonwhites lived fewer years than whites. For example, life-table values at birth in 1900-1902 showed that nonwhite males could expect to live 15.7 years less than white males, and nonwhite females 16.0 years less than white females. Corresponding data for 1959-1961 were 6.1 years fewer for nonwhite than for white males and 7.7 years less for nonwhite than for white females.

In 1968, based upon observations that average life expectancy was shorter for blacks than for whites and that blacks tended to define themselves as being old at an earlier chronological point than did whites, Jackson proposed that "The minimum age-eligibility for retirement benefits should be racially differentiated to reflect present racial differences in life expectancies." The acquisition of additional supporting data, such as Robert Morgan's 1968 hypothesis that body age proceeds at a faster rate among black than among white adult males, led her to refine that proposal, and a petition signed by a number of North Carolinians was forwarded to President Richard M. Nixon in December, 1970, requesting that consideration be given to modifying the minimum age-eligibility requirements for OASDHI retirement benefits through racial differentiation reflecting present racial differences in life expectancies, so as to reduce the discriminatory gaps in earned benefits which now occur.

Greater awareness of this proposal has generated issues pertaining to the historical coverage of black workers under social insurance and demographic factors related to black aged, the ethicity and/or feasibility of excluding other significant minority groups from the initial proposal, the specific fact that black beneficiaries may tend to receive proportionately more benefits as compared with payments than do white beneficiaries, and refinement of the specific proposal by including a more precise specification of the methodology to be employed in determining racially differentiated, minimum age-eligibility requirements.

This proposal focuses upon social insurance to which workers contribute payments through payroll deductions. Most blacks with inadequate or with no coverage under OASDHI are those effectively excluded by the Social Security Act of 1935, which exempted especially agricultural and casual laborers and private household domestics (occupations held by most employed blacks). In 1940, domestics employed in club, fraternity, and sorority houses on college campuses were also specifically exempted from coverage. The Acts of 1950 and 1954 finally extended coverage to most agricultural laborers and domestic workers, with varying degrees of effective enforcement. Currently most employed blacks are covered by OASDHI, but a disproportionate number of old blacks must yet rely upon Old Age Assistance, although had coverage been extended to them earlier, there would have been less reliance upon OAA.

Relevant data reveal that significantly fewer black than white males live to reach the present minimum age required for primary beneficiary status for OASDHI. In addition, the trend of declining labor force participation among older black males especially points toward the need for establishing other income sources at earlier ages. Clearly no significant decline in poverty among black aged occurred over the past decade. Thus, demographic data support the feasibility of the proposal.

The overriding emphasis upon black males can be justified on any number of grounds. While many gains sought by blacks accrue to other minority groups as well, black demands for black aged should be regarded as legitimate demands in their own rights. But this proposal could be readily expanded to include other minority males whose racial statuses adversely affect their longevity.

It is often assumed that black OASDHI primary beneficiaries tend to receive proportionately more benefits (as compared with actual contributions to OASDHI) than do whites. The facts are otherwise. A significantly larger proportion of black male contributors to OASDHI die before reaching the minimum age for receiving primary benefits than do their white counterparts. Thus, they are denied an equal probability of receiving benefits over time. More important is the fact that, on the average, blacks pay proportionately more of their earnings into OASDHI than do whites. Thus, this proposal can be supported on the basis of greater proportionate contributions among blacks and greater disproportionate receipt of primary benefits by blacks than whites. Racial disparities can be reduced by utilizing racially appropriate life expectancy data for blacks and for whites.

While further methodological refinement of this proposal may be needed, the Federal Government employs technicians capable of making such refinements. The base for determining racial differences should be established at birth. Then 1910 racial life expectancy data at birth could be employed as the baseline standard for determining minimum age-eligibility requirements for OASDHI recipients from 1972 through 1981; 1920 data for 1982-1991; and so on. What is most critical is that differential age requirements by race should be effected until such time as no significant life expectancy differences distinguish blacks and whites.

A memorandum from Lawrence Alpern, Deputy Chief Actuary, Social Security Administration, dated 23 November 1971, to the Advisory Council on Aging and Aged Blacks to the U.S. Senate Special Committee on Aging, provided cost estimates for full-rate benefits for OASDHI for black males, beginning at age 58 years. Assuming that the proposed change would apply to all black males qualified as retired workers, husbands, widowers, or parents, and to all dependents of insured black males 58+ years of age, that the benefits of dependents and survivors eligible for same would increase since average monthly earnings would be based on the terminal age of 58 years, and that the proposed change would apply to beneficiaries on the rolls as well as to future beneficiaries, "additional benefit payments in the first full year are estimated to total $400 million, over and above benefit payments under present law. Of this amount, an estimated $180 million would be paid to persons receiving benefits for the first time, and $220 million would be paid to persons receiving benefits under present law." Even though this estimate may be higher than actual costs required to implement the proposal, as compared with the income needs and unemployment rates of many older black males, the implementation cost is relatively low.

Nutrition: Many Session participants, enraged by hunger among black aged and by degradation they suffer in seeking food stamps and commodities when exposed to insensitive and inefficient personnel in those programs, urged immediate improvements in ending hunger or meager food supplies for those so affected. Preferably black aged should have incomes permitting them to purchase their own food, but until that goal is realized, the U.S. Department of Agriculture should improve its distribution of food stamps and commodities and should provide *The National Caucus on the Black Aged* with a detailed report on food distribution patterns to black aged no later than 3 months following the publication of the final report, with periodic reports thereafter on at least an annual basis. Also needed are research studies on dietary patterns of blacks and their relationships to such factors as longevity.

Retirement Roles and Activities: Scant data are available, but, given widespread poverty among black aged, most of their retirement roles and activities are probably centered around income supplementation, informal activities with relatives and neighborhood friends, and sedentary activities requiring relatively little monetary expenditures (e.g., television-viewing or "just sitting and thinking"). Church activities, typically attendance at Sunday morning services, characterize some but not all. Those without well-established patterns of church participation and those experiencing difficulty in attending church (due to such factors as poor health or inadequate transportation) could be excluded. While many grandmothers especially may enjoy babysitting with grandchildren, most feel that child care should be a parental responsibility. Thus, greater support for higher income levels and other factors permitting less reliance upon older blacks for grandparental care is needed. Opportunities for increased social interaction with others of varying ages would probably be welcomed.

One factor contributing to extremely low black utilization of existing senior citizens centers is the failure of those programs to meet their needs. Many reject such centers. Critical program evaluation of such centers may provide more important rationalizations than those commonly proffered, such as black ignorance, in explaining these low utilization rates. In other words, many centers need to reexamine carefully their programs so as to isolate program factors rejected by many black aged.

Spiritual Well-Being: Major concern focused upon racial discrimination in religious facilities for the aged and in local religious programs for the aged. Emphasized was the need for increased Federal support to aid black churches in developing programs and facilities for the aged. A number of instances of racial discrimination in religious facilities and programs for the aged were cited.

Transportation, Programs, Facilities, and Services: Major factors hampering recommendations revolved around insufficient data about the current statuses of aged blacks as personnel and users in these areas. While geographical variations abound, transportation problems most often mentioned included no public, or inadequate public transportation, in a number of areas; inconvenient public transportation during the day, on holidays, and on week-ends; high fares and, in some cities, exact fares for public transits; and great distances prohibiting walking between homes and site locations of needed services, such as grocery and drug stores. Other problems involved inordinate time lapses between calling for and the arrival of taxicabs in major cities, and particularly those where some cabdrivers may be reluctant to work in certain neighborhoods, which unfortunately may also be those neighborhoods in central cities with a fairly high concentration of black aged. Use of programs by many black aged is adversely affected by their inaccessibility, long waiting periods ("and come back tomorrow" philosophies), et cetera. *The National Caucus on the Black Aged* urgently needs good data on these areas. Federal agencies and State agencies could aid by making those needed data available.

Government–Non-Government Organization: The greatest concern of many Session participants was the failure of the White House Conference on Aging to test the validity of what was, in fact, an invalid assumption: namely, that financial and staffing resources of national black organizations equaled those of white organizations. Thus, most national black organizations had insufficient resources for participating in the White House Conference on Aging. Additionally, concern was expressed by the significant omission of such black national organizations as the National Medical Association, the National Dental Association, the National Pharmaceutical Association, Kappa Alpha Psi Fraternity, Inc., Omega Psi Phi Fraternity, Inc., Phi Beta Sigma Fraternity, Inc., the National Hospital and Nursing Home Employees Union #1199, and the National Association of Black Social Workers as invited participants until *The National Caucus on the Black Aged* specifically pointed out these omissions and urged the extending of invitations to them and other national black organizations.

Great concern focused on inadequate black staff and board representation on State agencies on aging. This undesirable situation, not readily explainable by the usual myth of the dearth of qualified blacks for such positions, can be improved immediately by adding more blacks to such agencies, with representative distribution across the board.

Roster of the Planning Committee

Chairman: Hobart C. Jackson, Chairman, The National Caucus on the Black Aged, Philadelphia, Pennsylvania

Government

Shirley Bagley, Health Scientists Administrator, Adult Development and Aging Branch, National Institute for Child Health and Human Development, National Institutes of Health, Department of Health, Education, and Welfare, Bethesda, Maryland

Alfreda Hoeber, Office of Contract Compliance and Equal Employment Opportunity, Office of the Assistant Secretary for Equal Opportunity, Department of Housing and Urban Development, Washington, D. C.

Calvin Nophlin, Project Coordinator, Project Evaluation by Summer Interns, Office of Special Concerns, Office of the Secretary, Department of Health, Education, and Welfare, Washington, D. C.

Frank M. Stewart, Technical Staff Assistant, White House Conference on Aging, Washington, D. C.

Fredricka Williams, Director, Office of Service Delivery, Community Services Administration, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D. C.

Nongovernment

Jay Chunn, Member, National Association of Black Social Workers, New York, New York

Dr. Jacquelyn J. Jackson, Secretary, The National Caucus on the Black Aged, Philadelphia, Pennsylvania

Jeweldine Jones Londa, Associate Director for Social Welfare, National Urban League, New York, New York

Dr. James Ralph, Member, Black Psychiatrists of America, Los Angeles, California

M. Wilhelmina Rolark, Assistant Secretary, National Bar Association, Washington, D. C.

Rev. J. Metz Rollins, Executive Director, National Committee of Black Churchmen, New York, New York

Melvin Turner, Deputy Director for Operations, National Welfare Rights Organization, Washington, D. C.

Dr. Robert D. Watkins, Executive Vice President for Administrative Affairs, National Medical Association, Washington, D. C.

THE ELDERLY INDIAN

The Special Concerns Session on **The Elderly Indian** was requested by the National Congress of American Indians. The Navajo Tribal Council, the National Council on Indian Opportunity, the American Indian Movement, and the National Tribal Chairmen's Association accepted invitations to participate in planning this Session. Federal agencies that named representatives to the Planning Committee were: the Departments of Health, Education, and Welfare, Housing and Urban Development, and Interior; the Office of Economic Opportunity, and the Senate Special Committee on Aging.

Because of the desperate economic plight of the American Indian and because there exists a unique relationship between the Indians and the Federal Government, it was felt that this Special Concerns Session would be important if the Conference were to address itself to the needs of all segments of the older population. The recommendations presented can be an important component in our national policy on aging.

The Participants

Eighty-two Delegates preregistered for the Session on The Elderly Indian but they were joined by other Delegates, observers, and invited guests, so that the estimations of space had to be considerably altered and additional facilities made available. Only official Delegates were permitted to vote on recommendations although the discussion of the recommendations was open to all who were present.

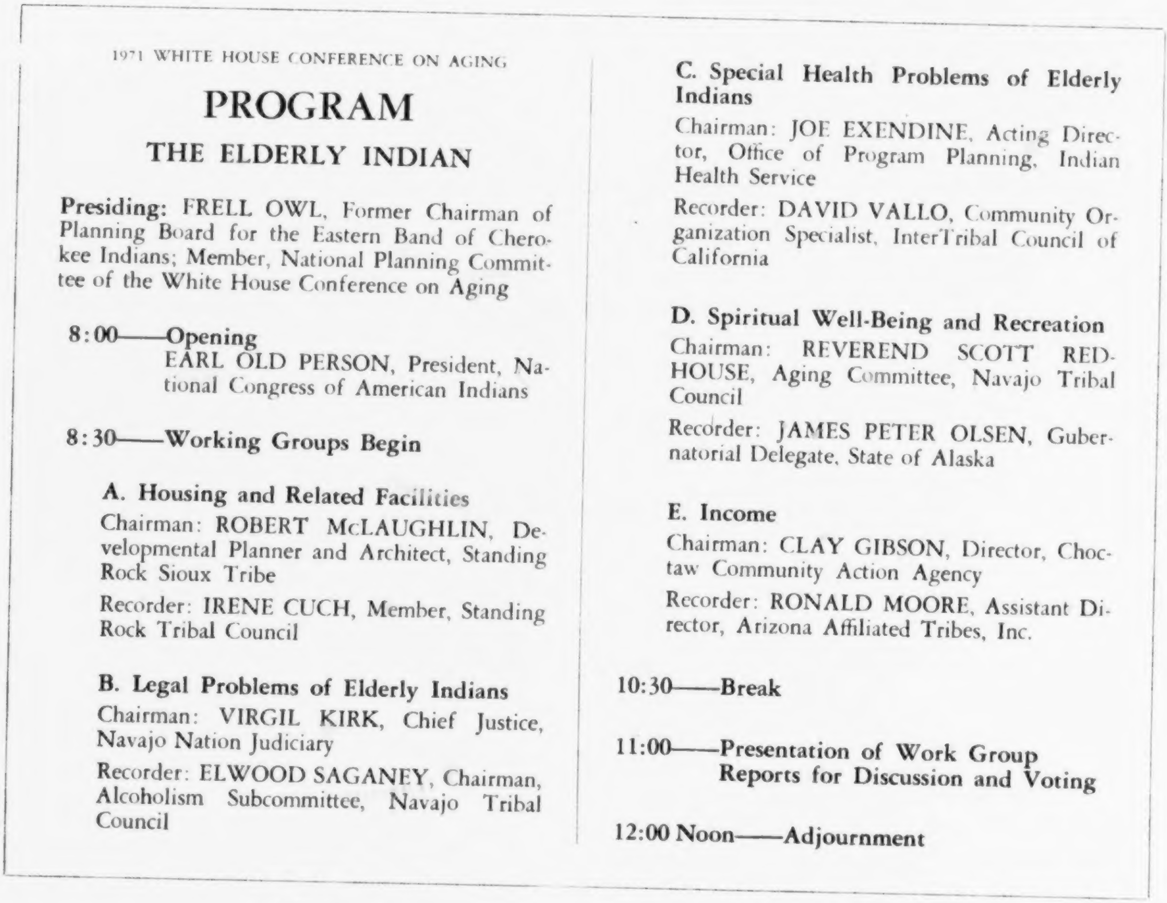
The majority of those Delegates who chose to attend this Session were themselves American Indians. They were from several different Indian Nations including Apache, Blackfoot, Cherokee, Choctaw, Comanche, Iroquois, Makah, Mohave, Navajo, Pueblo, Seminole, Sioux, Ute, and others. The Alaskan Federation of Natives, the Iroquois Confederation, the Inter-Tribal Council of California, the Association on American Indian Affairs, the National American Indian Women's Association, the National Indian Physicians' Association, the Dallas American Indian Center, and the National Indian Law Students' Association were some of the organizations that sent representatives to the Session.

Many of the Delegates who attended this Session had participated in one or more of the regional conferences on The Elderly Indian (conferences were held for the Northwest, the Southwest, and the Southeast), and many of these Delegates were acquainted with the comprehensive report of the Indian Advisory Council to the Senate Special Committee on Aging. In short, many of these Delegates came to this Session with a well grounded understanding of the scope of the problems to be discussed and specific suggestions about needed changes in national policy on aging and The Elderly Indian.

The Program

In order to provide for maximum in-depth attention to several important areas of concern for elderly Indians, the small work group format was employed as an important part of the program. The Session was, essentially, divided into three parts. The opening part was organizational and was to serve as a very brief orientation to the Delegates' role for the Session. During the second part of the meeting, the Delegates were divided into five work groups which were asked to discuss and develop recommendations within the topical area assigned to their group. The five groups dealt with (1) Housing and Related Facilities, (2) Legal Problems of the Elderly Indian, (3) Special Health Problems of the Elderly Indian, (4) Spiritual Well-Being and Recreation, and (5) Income (including Employment, Retirement, Education, and Training).

The third part of the program called for the work groups to present the results of their work to the entire Session for further discussion and adoption.



1971 WHITE HOUSE CONFERENCE ON AGING

PROGRAM

THE ELDERLY INDIAN

Presiding: FRELL OWL, Former Chairman of Planning Board for the Eastern Band of Cherokee Indians; Member, National Planning Committee of the White House Conference on Aging

8:00——Opening
EARL OLD PERSON, President, National Congress of American Indians

8:30——Working Groups Begin

A. Housing and Related Facilities

Chairman: ROBERT McLAUGHLIN, Developmental Planner and Architect, Standing Rock Sioux Tribe

Recorder: IRENE CUCH, Member, Standing Rock Tribal Council

B. Legal Problems of Elderly Indians

Chairman: VIRGIL KIRK, Chief Justice, Navajo Nation Judiciary

Recorder: ELWOOD SAGANEY, Chairman, Alcoholism Subcommittee, Navajo Tribal Council

C. Special Health Problems of Elderly Indians

Chairman: JOE EXENDINE, Acting Director, Office of Program Planning, Indian Health Service

Recorder: DAVID VALLO, Community Organization Specialist, InterTribal Council of California

D. Spiritual Well-Being and Recreation

Chairman: REVEREND SCOTT REDHOUSE, Aging Committee, Navajo Tribal Council

Recorder: JAMES PETER OLSEN, Gubernatorial Delegate, State of Alaska

E. Income

Chairman: CLAY GIBSON, Director, Choctaw Community Action Agency

Recorder: RONALD MOORE, Assistant Director, Arizona Affiliated Tribes, Inc.

10:30——Break

11:00——Presentation of Work Group Reports for Discussion and Voting

12:00 Noon——Adjournment

THE SESSION REPORT

Introduction

The American Indian and Alaskan Native Delegates (hereafter referred to as American Indian) to this White House Conference on Aging, November 28—December 2, 1971, appreciate the opportunity we have been given to participate in developing a national strategy in coping with problems of the aging. Our elderly citizens face similar problems to those of other Americans. However, due to the unique relationships between our people and the Federal Government, we also have unique problems. The Indian Delegates to this Conference support those issues and recommendations which will ultimately benefit all older Americans.

The Indian Delegates have outlined five general areas where immediate action must be taken:

1. The United States must reassure our elderly citizens that the policy concerning termination is no longer a national policy.

2. That an adequately staffed and funded Indian desk similar to Indian desks in other Federal agencies be established in the Administration on Aging or its successor. This office would act as a central point for information and an advocate for the needs of the Indian elderly.

3. That sections 303 Part (a) and section 612 of the Older Americans Act of 1965, as amended November 1970, be revised so that Indian tribes no longer have to go through State agencies for funding. This is necessary because of the lack of sympathy by most States for their Indian population. All funds for older Indian programs should be funded directly to Indian tribes.

4. That agencies serving elderly Indians increase funding levels to Indian tribes so as to adequately serve their needs.

5. That a thorough and complete research program be developed to search, evaluate, and cause to be amended, existing laws and policies governing programs serving the elderly Indian.

Recommendations

The Indian Delegates also identified the following issues and have made the following recommendations.

Income

Issue: The elderly Indian citizen should have an income which would permit him to live the rest of his life in health, decency, and dignity.

Recommendations

1. Because of the past relationships between the Federal Government, through the Bureau of Indian Affairs, and the Indians, most of our people did not participate in retirement programs such as: company retirement plans, insurance plans, investing in income property and, in many cases, Social Security. Therefore, the sole source of income for many of the elderly is welfare and for those fortunate enough to reach 72, Social Security at the very minimum level. The elderly Indians must be permitted to work and earn income for as long as they want or are able. They should not be required to forfeit parts of other benefits when continuing to earn.

2. That the elderly and middle-aged Indian should be assisted in obtaining job information, training, counseling, placement, and other assistance which would permit him to continue employment. These steps would enable him to qualify for an increased benefit when he becomes eligible to receive Social Security.

3. That there be an equitable form of tax relief for the elderly Indian.

4. That retirement plans be worked out in such a way that there is a guaranteed pension, that it be vested and with portability.

5. That there be a Social Security "ALERT" to assure that all eligibles receive their entitlements.

6. That a Federal policy be established which would state that judgment funds are not to be

considered as assets or windfall, but rather the due allotment and recompense for misappropriated lands and rights. That this policy be binding to all State and local welfare agencies.

7. That State public assistance departments cease to press the elderly Indian to sell individual allotted lands on reservations to meet their own subsistence needs, in view of the Indians' desire to retain the tribal homeland intact for further use in accord with President Nixon's rejection of termination as a Federal policy.

8. That Social Security benefits be extended to all male and female elderly upon reaching the age of eligibility regardless of their participation during previous periods of employment.

9. That separate funds be made available for the establishment of special manpower programs designed by and for elderly Indians.

10. That manpower programs be designed to retain the people on or near the homelands of the elderly Indian.

11. That these manpower programs be adequately funded to meet the employment needs of the Indian aged.

Housing

Issue-1: A large percentage of elderly Indian people do not have sufficient income to cover housing and utility costs of existing programs along with the other necessities of life.

Recommendation

That program policies governing housing not be restrictive but adaptable to the elderly housing needs and the financial condition of individual Indian people, and wherever necessary, no cost housing should be provided.

Issue-2: Some elderly Indian people live alone and are too incapacitated to live in existing private dwellings regardless of whether the home is adequate and modernized. Existing nursing homes and related facilities have not taken into consideration the social and emotional needs of the Indian people.

Recommendations

1. That on-site paraprofessional service staff be made available to assist the elderly Indian.

2. That sufficient funds be provided for adequate care for Indian individuals in custodial or nursing homes.

3. A system of advocacy be established and maintained for elderly care.

Issue-3: Indian Senior Citizens have too little to say about the design, location, and construction of their homes and other types of living facilities.

Recommendation

That full local participation of elderly individuals and organizations be assured in the designing, location, and construction of elderly Indian Housing projects.

Issue-4: The allocation and actual application of funds for homes and other living facilities per year is not sufficient to meet the needs of the people. Lines of communication, coordination, and flow of existing funds are poor. There is need for direct funding to Indian groups.

Recommendations

1. Funds should be clearly identified for the elderly and should be made available in sufficient amounts to meet the housing needs of the elderly.

2. That all organizations dealing with elderly Indian projects have adequate representation of elderly Indians on their decision-making boards.

3. Changes in Indian housing policy should not be accomplished without consultation with the Indian people.

Legal

Issue: The elderly Indian people are not normally provided with legal services, therefore, many older Indians are taken advantage of because they are not familiar with legal matters.

Recommendation

That legal services be made available to the elderly for the purposes of obtaining rights to Old Age Assistance, writing of wills, etc. These services should be made available in the local area rather than some far removed large metropolitan area.

Nutrition

Issue: Most older Indians are malnourished. This is the result of both an inadequate nutritional education program and lack of familiar and nutritional foods. Present Federal food programs are not designed to meet the nutritional needs of the elderly Indians.

Recommendations

1. The U.S. Department of Agriculture and Office of Economic Opportunity must assist Indian tribes in developing a food program utilizing existing programs such as: commodity foods, food stamps, supplemental food, emergency food, and medical services to fit the particular nutritional needs of the elderly Indian people.

2. All Federal funds presently being allocated to existing nutritional education programs must be funded directly to Tribal groups or organizations to carry out the function of nutritional education to elderly Indians.

3. That all nutritional programs be adequately funded to satisfy the nutritional needs of the elderly Indian.

Nursing Homes

Issue 1. Nursing homes or sheltered care facilities are urgently needed by Indian people. However, due to present funding systems for such facilities, Indian people have very little chance to obtain these facilities. The following examples pinpoint some specific problem areas.

> (a) Some States refuse to license nursing homes on reservations due to a question of jurisdiction and at the same time Federal funds will not be authorized unless the facility is licensed by the State.
>
> (b) Hill-Burton Funds are only made available to States for these projects. The States in turn establish advisory groups which dictate the use of such funds. Most advisory groups are composed of urban non-Indians with little or no sympathy for Indian projects, thereby making nursing homes or sheltered care facilities almost impossible to obtain by Indian people.

Issue 2. Indian Health Services are not governed by State regulations, and nursing homes or sheltered care facilities are similar in nature to Indian Health Service hospitals.

Recommendations

1. Federal funds should be made available directly to Indian tribes or organizations for the design, construction, and operation of these facilities on the local level.

2. Indian nursing homes or sheltered care facilities on reservations should not have any State controls imposed on them, but Federal regulations should govern these facilities similar to the Indian Health Service Hospitals.

Transportation

Issue 1: Because of the lack of transportation, the elderly American Indian cannot acquire those necessities which would assure him a normal and healthy life. This denies him the opportunity to obtain medical services, food, and clothing which are available to other citizens in the United States. In addition, poor road conditions, lack of communication systems, absence of public conveyances, and isolation compound the problem.

Recommendation

Funds should be allocated to assure elderly American Indians of their transportation needs. One of the ways the problem could be alleviated is by providing the vehicles deemed necessary to overcome the existing conditions cited above. However, each Indian tribe or organization should define its own transportation requirements to fit its respective needs.

Education, Physical and Spiritual Well-Being

Issue 1. The social, physical, and spiritual well-being is a very important aspect of the American Indian. There are no funds available to finance well-rounded social or culturally-oriented activities for elderly American Indians.

Recommendation

That sufficient funds be allocated for the elderly American Indian to develop and assure the continuance of activities which he deems important to his physical, spiritual and cultural well-being. Such activities might include, but not be limited to:

(a) Clubs, such as social, sewing, cooking, arts and crafts, recreation, and gardening. These promote good health and keep the elderly from becoming lonely and depressed.

(b) In some cases, educational type sessions might be desirable to fulfill those activities selected by the elderly American Indian.

Health

Issue 1. Indian people generally suffer deplorable health conditions when compared with other races in this country. This situation is compounded for the elderly Indian people. These conditions are further aggravated by the lack of funds for dental prosthetics, hearing aids, eyeglasses, psychological services, etc.

Issue 2. Medical services for elderly Indians are at best inadequate to meet their needs. Several reasons for the above are: insufficient staffing, inadequate health facilities, and seeming lack of concern by the Administration, which is in a position to determine funding levels, for Indian Health Services.

Issue 3. There is a lack of Indian professional medical staff to assist in upgrading medical services to elderly Indian people.

Recommendations

1. That all health facilities be immediately upgraded to meet the specific standards of the Joint Commission of Accreditation of Hospitals.

2. That sufficient funds be allocated to finance all aspects of health services so as to provide complete health coverage.

3. That educational grants be provided to encourage individual Indians who wish to pursue and complete professional health careers.

Roster of Planning Committee

Nongovernment

Frell Owl (Chairman), Former Chairman of the Planning Board for the Eastern Band of Cherokee Indians; Member, National Planning Committee of the White House Conference on Aging, Cherokee, North Carolina

Henry Garnenez, Department Head, Department of Animal Husbandry, Navajo Community College, Window Rock, Arizona

Richard LaCourse, Reporter, National Congress of American Indians, Washington, D.C.

Ronald Moore, Assistant Director, Arizona Affiliated Tribes, Inc., Phoenix, Arizona

Rodger Sandoval, Member, Indian Advisory Council to the Senate Special Committee on Aging, Washington, D.C.

Government

Clare Jerdone, Principal Child Welfare Specialist, Division of Social Services, Bureau of Indian Affairs, Department of the Interior, Washington, D.C.

Reeves Nahwooksy, Special Assistant, Office of the Assistant Secretary for Equal Opportunity, Department of Housing and Urban Development, Washington, D. C.

Mary Steers, Chief of Categories Payment and Eligibility Branch, Assistance Payments Administration, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D.C.

Frank M. Stewart, Technical Staff Assistant, White House Conference on Aging, Washington, D.C.

Benjamin Yamagata, Staff Member, Senate Special Committee on Aging, Washington, D.C.

Reports of the
Special Concerns Sessions on

PROTECTIVE AND SOCIAL SUPPORT

THE OLDER FAMILY

Over a year before conferees met in the 1971 White House Conference on Aging, an intensive campaign was mounted to insure that, in their deliberations, Delegates would give explicit attention to the familial and marital problems of the elderly. To assuage fears that such a topic would not receive proper stress, Conference planners acknowledged that the family unit was an essential ingredient to the understanding and resolution of many of the elderly's needs and a factor which could not be overlooked in the development of a national plan to meet the needs of older people. To insure that adequate attention was paid their concern, those who had waged the campaign were urged to involve themselves in the many different levels of Conference activities.

This challenge to participate was heeded. Several family life educators, for example, prepared position papers for the Conference on aspects of aging and the family. Organizations active in various aspects of family life, counseling, and services, named representatives to participate in the deliberations of the National Organization Task Forces. These same organizations urged their memberships to become active in other Conference preparatory activities within their communities and States.

A concrete result of such participation can be seen, for example, in the recommendations emanating from the Minnesota State White House Conference on Aging. Delegates to that Conference adopted the following resolution:

> In view of our increasing awareness of the deep, yet often poorly met, familial, marital, and sexual needs of the aging, it is urgently necessary for society to provide for older people more adequate social services of an educational and counseling nature, and to undertake the study and research needed to make these services effective.
>
> In meeting the familial, marital, and sexual needs of the aging, the psychological, emotional, social, physiological, and environmental aspects must be considered.
>
> Illustrative concerns of this nature might include the following:
>
> 1. Relationships with grown children, grandchildren, aging parents, intergenerational needs
> 2. Marital health and happiness
> 3. Intimate interpersonal relationship including sexual fulfillment
> 4. Bereavement, grief, and social adjustment to loss
> 5. Remarriage

When the Program and Procedures Committee of the Conference Planning Board voted to include in the program of the National Conference a series of Sessions devoted to in-depth discussions of some specific aspects of aging, it was inevitable that a **Special Session on the Older Family** should be among the first to be considered.

The National Council of Family Relations, the Family Service Association of America, the American Association of Marriage and Family Counselors, and the American Home Economics Association joined together to sponsor the Session. Meeting with their representatives to plan the Session were Federal personnel from the Administration on Aging, the National Institute of Mental Health, and the 1970 White House Conference on Children. Also invited to assist the Planning Committee were two special consultants with known interest in the problems of the elderly family.[1]

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[1] See Roster of Planning Committee, page 208.

The Program

A small group of some 40 Delegates listened and joined in discussion with Dr. Evelyn Millis Duvall, a recognized authority on all facets of family living. The full text of her provocative address *Aging Family Members' Roles and Relationships* and its extensive bibliography appears on pages 209–218.

The sociodrama which opened the Session served as an unique way in which to stimulate program participants. By evoking participant response to a realistic portrayal of the problems faced by aging family members, "A Choice to Make" added to the liveliness of the Session. The play was drawn from the Plays for Living Division of the Family Service Association of America, and was performed by volunteers living in the Washington, D.C., area.

1971 WHITE HOUSE CONFERENCE ON AGING

PROGRAM

THE OLDER FAMILY

Presiding—RUTH H. JEWSON, Executive Officer, National Council on Family Relations

8:00 **A.M.—Opening Remarks and Focus of the Session**—MRS. RUTH H. JEWSON

8:10 **A.M.—"A Choice to Make,"** a play portraying family problems through the techniques of professional theatre—Washington Area Plays for Living, Inc.—MRS. BARBARA MATTHEWS, Executive Secretary

8:40 **A.M.—Discussion of "A Choice to Make"**—Led by MRS. DORIS REIBER, Washington Area Plays for Living, Inc.

9:15 **A.M.—Keynote Address and Discussion**—DR. EVELYN MILLIS DUVALL, Family Life Consultant, Sarasota, Florida

11:15 **A.M.—Consideration and Adoption of Recommendations**

12:00 **Noon—Adjournment**

THE SESSION REPORT

Introduction

American families bear the brunt of all the care, economic, and emotional nurturance, and sense of belonging that aging families need. Research finds that it is, primarily, to their families that older people turn for help.

Recommendations

We therefore recommend that:

1. A Department of Family Life be established with Cabinet status for its Secretary, so that the American family may be represented in all policies affecting the many millions of families who now carry the chief responsibilities for their members of all ages.

2. A National Institute on the Family be developed in which concerns of central importance to families, and to the society of which families are the core, be studied to serve as a basis for considered action.

3. The President of the United States call and convene a White House Conference on the Family in the near future.

4. Tax reductions be given for qualified family gifts and assistance, as they are now given for charitable contributions.

> *Comment:* Family support and care of their aging members, without recognition or relief from tax burdens, save the government as well as private agencies many millions of dollars, staff years, and expensive programs.

5. Death education be widely encouraged and implemented.

6. Medical and legal priorities be established to assure quality of life, rather than senseless prolongation of the process of dying.

7. Public and private agencies working on behalf of America's aging recognize the family roles, relationships, and responsibilities implicit in the stage of family development represented by each older person served.

8. All possible steps be taken to make it possible for aging persons to live as long as possible in their own homes and that kin families be able to carry out their responsibilities to older families.

9. Housing and homes for aging persons should be so designed as to allow for private quarters for couples wishing to share them. Attractive social centers should be provided where older men and women could enjoy the formation of new friendships and relationships to take the place of those they have lost, and all personnel should be taught to accord full respect and dignity to these.

> *Comment:* We recommend this because among the primary characteristics of aging persons today are loneliness and emotional deprivation, and institutions and personnel involved in caring for the aging should be oriented as realistically and humanely as possible to meet their deep-seated needs for companionship and human warmth.

10. The Social Security laws be revised to make it possible for older families, or for older persons wishing to take up family life through remarriage, to combine their incomes. The present law provides that persons on Social Security who marry find that their income decreases. The law should be changed to allow continued receipt of Social Security without decrease in the amount.

11. A national program of family guaranteed income be established which would include the aged family. This is necessary in order to make it possible for the older family to have the financial

wherewithal to continue to exist at a time in its family life cycle when income is sharply reduced. In addition, such a guaranteed income will make it possible for families to continue to carry out their responsibilities and roles in relation to older families.

12. The Congress and the President of the United States be requested to enact appropriate legislation to proclaim that the week in which Thanksgiving is celebrated each year under Act of Congress be officially designated as National Home and Family Week, that the Sunday of such week be designated as Family Sunday-U.S.A. All citizens be urged to observe these dates with serious reflection and realization that the principles of family responsibility to spouse, children and parents, as well as the importance of the stability of marriage and the home for our future well-being, require renewed allegiance and everyday implementation.

13. The paper presented by Dr. Evelyn Duvall at the White House Conference on Aging, in the Special Session on *The Older Family* be referred to the President of the United States, to the Administration on Aging, and to the Secretary of the Department of Health, Education, and Welfare with the strongest possible recommendation that the information be studied and implications drawn as a basis for planning, setting agency priorities, etc.—toward support through education and community resources.

14. Courses on marriage and family living include material on the older family.

15. A Task Force be formed, representing this Conference and major national organizations and agencies concerned, to: (1) explore the present status of family life education in the public schools of the United States, (2) develop plans for strengthening such programs as now exist, and (3) encourage the development of new comprehensive programs of education for home and family living as rapidly as possible, as an integral part of our American system of public education.

Roster of Planning Committee

Government

Eileen Bradley, Specialist on Aging, Administration on Aging, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D. C.

Barbara Chandler, Coordinator, Follow-up Unit, 1970 White House Conference on Children, Washington, D. C.

Nathan Sloate, Special Assistant to the Director, National Institute of Mental Health, Health Services and Mental Health Administration, Department of Health, Education, and Welfare, Rockville, Maryland

Consultants

Mrs. Charles McCullough, Springfield, Virginia

Beryl Carter Rice, Washington, D. C.

Nongovernment

Ruth H. Jewson (Chairman), Executive Director, National Council on Family Relations, Minneapolis, Minnesota

Clark Blackburn, General Director, Family Service Association of America, New York, New York

Leonore Rivesman, Social Worker, Family Service Association of America, New York, New York

Edward Rydman, Executive Director, American Association of Marriage and Family Counselors, Dallas, Texas

Irene H. Wolgamot, Retired, Representative of the American Home Economics Association, Alexandria, Virginia

AGING FAMILY MEMBERS' ROLES AND RELATIONSHIPS

An Address given by
Evelyn Mills Duval, Ph.D., Sarasota, Florida
Special Concerns Session on The Older Family
December 1, 1971

In a Conference devoted largely to the specific interests of special groups of older persons, it is appropriate that this one Session take a wide-angle view of aging members of typical older families in the United States today. This is possible through a review of current data from the U.S. Bureau of Census, and numerous research studies appearing in the professional literature in recent years. These sources are alphabetically listed and numbered at the end of this booklet, and cited by number where they are referred to in the body of the text.

Persons of all complexions and colors—black, white, brown, red, and yellow—are born into families where they establish the foundations of their individual personalities within the homes their parents built. Rich and poor, rural and urban, strong or weak, in the midstream or marginal in community life, older persons find their identity as members of the families to which they belong, as they have throughout their lifetimes. To see clearly the family roots, roles, and relationships of the aging in America is of central importance for any who would become effective in meeting their needs and tapping their resources.

Most Are Family Members

Most of America's aging are family members with the full complement of roles, relationships, needs and challenges that belonging in families involves. According to recent nationwide studies, four out of five older Americans are members of families. Only 20 percent of men and women over 65 are virtually kinless in America today.(37)[1]

The lonely old lady in an institutional rocking chair is not to be forgotten, at the same time that we remember that she is not typical of her age group, or generation. According to November 1971 data from the U.S. Bureau of the Census, only 2.1 percent of the women 65–74 years old, and 2.3 percent of the men between 65 and 74 years of age were institutionalized in 1971. Even among the very old, above 75 years of age, 8.1 percent of the women and 6.0 percent of the men were in institutions of any kind in 1971. (46)

The great majority of persons over 65 years of age live in families. Four out of five men (79.7 percent), and 57.6 percent of all women over 65 in the United States are classified as family members, according to a private communication, November 1, 1971, from Paul C. Glick, Assistant Chief, Population Division, Bureau of the Census. Most of these older men and women are married and living with their spouses; some are making homes for their adult children; others are single women providing for their relatives, in many cases their elderly parents. In 1971, 4,500,000 men (83.3 percent) and 4,274,000 women (62.3 percent) between 65 and 74 years of age were heads of families. (46, p.13)

Many older persons of both sexes prefer to maintain their own homes as long as they can. When they are physically and financially able to do so, older men and women enjoy the privacy, freedom and independence that living in their own homes provides them. In 1971, some 15 percent of the men and 36 percent of the women over 65 in the United States were maintaining their own homes. Two out of every three older families own their own homes, the great bulk of them free from indebtedness, with their mortgages paid up. It is not unusual for spiralling property taxes, and higher costs of living on fixed incomes to necessitate giving up the homes older persons have spent lifetimes paying for, in order to cut expenses. Unfortunately, this robs the elderly of their hard earned independence, and in some instances makes them a burden upon family members, or the community at large.

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[1] See References starting on page 217.

Most Are in Touch with Families

The stereotype of older persons being abandoned by their families is not borne out by the facts. Research finds a great deal of face-to-face visiting, telephoning, letter writing and close association between middle-aged and aging parents and their grown children. (2, 16, 19, 30, 41, 42) A nationwide study finds 84 percent of Americans over 65 live less than one hour away from at least one of their grown children; nine out of ten have seen one of their children within the past month, 84 percent the past week. (37) Both horizontal and longitudinal studies of families find the aging and middle-aged visiting and being visited by family members at frequent intervals. (19, 30, 41, 42)

A two-directional, three-generation flow of emotional and financial support between older parents and grandparents and their grown children is found in many recent studies. (1, 2, 16, 19, 40, 42) Parents generally help their grown children, and the adult sons and daughters reciprocate in a wide variety of ways. Family help takes many forms: nursing in illness and accidents, shopping, child care, repairs, personal care, and financial assistance in direct gifts, loans, and help in emergencies. The poor look to their relatives for help and the more affluent get and give it in gifts and legacies —a major theme in recent research reports. (2, 19, 37, 42)

It is to their families that most persons of every age and generation turn for help, first of all, when problems arise or trouble strikes. A three-generation study in Minneapolis found that 70 percent of the 3,781 instances of help in a one-year period of time were kinship exchanges. Less than one-fifth of the three-generation families studied had used help from outside their families during the year of the study. (19)

There is evidence, too, that the principle of "to each according to his need, and from each according to his ability" is applicable to the mutual help given and received by family members. Parents of married children disproportionally give more both to the younger and the older generations; while the grandparents, on retirement budgets and with diminishing strength, give less than they receive from their grown children. Thus it is that American families bear the major burden of the care, emotional and economic support, and the sense of belonging to families that older persons need, and find primarily within their own kin network.

When asked to respond to the proposition, "Children who move up in the world tend to neglect their parents," two-thirds of the members of the older generations, and three-fourths of the younger do NOT accept this generalization. The great majority of the members of all three generations (65 percent of both older generations, and 74 percent of the married child generation) agree that "A young man has a real responsibility for keeping in touch with his parents-in-law." These data suggest strongly that it is the youngest generation that is most opposed to each generation's going its own way. (19, chap. 3)

Adams reports, "The relations between young adults and their aging parents are ordinarily the closest kin tie attitudinally and residentially." (1, p. 589) While Hill sees the "kinkeeping middle generation . . . as the lineage bridge across the generations, being most involved with its adjacent generations both in intergenerational contacts in help exchanges." (19, p. 330)

Family Roles Continue

Parent-child relationships and grandparent-grandchild roles continue as long as family members live. An ever increasing number of Americans live out their full life span within the web of family living. The author's original studies find young people confiding more in their grandmothers than in any other persons, according to their parents. Youth have much in common with their grandparents, feel closer to them than to other relatives, except their parents and siblings, and contrary to commonly held stereotypes enjoy their associations with older family members. (12, 32)

Disengagement tends to be *into* rather than out of the family. As the older person selectively retires from many active and time-consuming roles in the community, he or she tends characteristically to enjoy more family contacts and activities. Families remain the focus of the aging individual's social interaction and emotional satisfaction on into the latter years of life. (11, 18, 25)

Conceptual Framework of Family Development

It is by stage of the family life cycle rather than chronological age that individuals are most clearly seen. As the aging are recognized as having roles and responsibilities at the particular stage of family development that they occupy, their needs and challenges are more sharply focused than when they are lumped together in age groupings.

Actually, 65-year-olds differ widely from one another. A personality tends to become more and more unique over the years as differential experiences, attitudes, values, and commitments make the individual increasingly himself. We have learned to recognize individual differences among children; even more is it essential to respect each older person for himself, as the unique individual he is.

Family relationships and roles are a better gauge of an older person's concerns, preoccupations, and interests than is his or her age alone. Consider, for instance, the differences to be expected between newly-wed 70-year-olds happily establishing their new home for the years ahead together; the old grandmother raising young children while their mother works; and the aging parents launching their "fall crop" of late-born children now emancipating themselves, long after their older siblings have left home. In many ways these older persons are more like their counterparts of younger ages at similar family life cycle stages than they are like others of their age with roles and responsibilities more typical of the post-retirement stage of life.

A person is more clearly understood by stage of his or her family life cycle than by chronological age alone, at any period in life. The story is told of an attractive young woman standing beside an oldtimer at the Fountain of Youth. Her spontaneous comment was, "Oh, to be 18 again." The senior citizen asked, "How old are you?" Her reply came back quickly, "21." The puzzled response of the older tourist was, "But, what's the difference between 18 and 21?" To which the young woman answered, "Difference? I'll tell you what the difference is between being 18 and 21—it's one husband and two children."

Family member roles and relationships change throughout the entire family life cycle. From the time the young married couple settle down in their first home, have their first baby, and learn what it means to be parents, as they become responsible for guiding their children through infancy, preschool and school-age periods, and on into adolescence and young adulthood, they go through a series of fast-moving phases. Each stage of the family life cycle has its own problems and promises, its challenges and rewards. Each well-lived prepares for the next, as family members and the family as a whole satisfies the demands of the period. This is quite as true for the later decades of life as for the earlier years. Family roles and relationships shift markedly throughout the years that follow the bearing, rearing, and releasing of children.

Aging, therefore, is seen most clearly as a process of development and decline through the later years that stretch over several decades. The typical American couple go through a number of distinctly different stages in their life together during the last half of their lives. Each of these stages has its own demands and responsibilities, its own roles and relationships, and its own peculiar problems and possibilities.

Through the use of current census data, and the findings of recent studies of the aging process, we are able to trace the process of development that aging families experience. There are typically four well differentiated periods that can be distinguished one from another in the last four decades of the life of a family: the launching young adult children stage, the empty-nest preretirement period, the early retirement years, and the final phase of the aged terminated by the death of one after another of the original husband-wife pair. Characteristics of each of these stages are outlined for typical American census families in the following manner.

Launching Young Adult Children

As children grow up and start to leave home, a family begins to contract in size and in nature. This stage of the family life cycle starts as the first son or daughter leaves home for marriage, work, military service, or college and other post-high-school education and training. It ends with the departure of the last child into a life of his own. Husband and wife typically now are between 45 and 54 years of age. More than nine out of ten men and women of this age group share their homes with their marriage partner and/or their grown children or other relatives in primary families. (46)

Mothers of grown children being launched are in menopause, typically. Nearly half of the wives are working outside their homes, but their husbands remain the chief support of the family. This is an expensive stage of the family life cycle as maturing young adult children cost more than they did at younger ages for education, clothing, transportation, recreation, and marriage plans.

The married couple tends to be "quite satisfied with their marriage" at this stage. (15) Husband-wife relationships are calm and focused on mutual concerns for their children, whose choices and challenges in deciding on appropriate educational experiences, work possibilities, marriage prospects and opportunities, personality development, social exposures, problems and promises are of deep concern to their parents at the time in life when young adults typically must make their own decisions and learn to stand on their own feet, without too great dependence on parental supervision and control. (12)

Grandparenthood typically begins during this stage of the family life cycle as one of the sons or daughters bears the first grandchild. This adds a whole new dimension to life for many a woman who now finds herself not just a mother and a mother-in-law, but a grandmother as well. The typical American woman in her forties and fifties at this stage in her family history finds herself concurrently functioning as wife, mother, mother-in-law, grandmother, sister, sister-in-law, daughter of aging parents, aunt, cousin, and bridge to other members of the extended family through her roles as kin keeper, letter writer, gift giver, visitor, hostess, homemaker, shopper, chauffeur, etc. At the same time, the man of the family is involved in parallel relationships as husband, father, father-in-law, grandfather, brother, brother-in-law, son of aging parents, uncle, cousin, and head of the family as provider, partner in family activities, father of the bride, companion, counselor, decision maker, investment counselor, buyer, property manager, etc. In a three-child family at this stage of the family life cycle there are some 66 possible interpersonal relationships, each with a multitude of roles and responsibilities. (12, Chart 5–7; 47)

Empty Nest

When the last child grows up and leaves home the typical American parents still have half of their marriage still ahead of them. As they enter the empty nest stage of their family they are in their fifties, on the average. They have ten or more years before the husband's retirement to build a new life for themselves now that their preoccupation with rearing and releasing their children is over. The great majority of men (84 percent) and women (65 percent) in this age group (55–64) live with their spouses in their own homes. (46)

Most husbands in these preretirement years are still working, as are one-third of their wives. This is the time of life when they are financially better off than they were in earlier years when providing a home base for their growing children drained them financially. Now that the children are launched and on their own, the middle-aged couple now has a decade or so in which to establish some security for their own aging years that lie ahead when the pinch of old age comes. (12)

Middle-aged couples in the empty-nest stage of the family life cycle are generous in helping their grown children get established. They are found to help their young married sons and daughters with gifts and loans to float a down-payment on a car, a house, a baby, or a program of home and self-improvement. Their help extends to many other goods and services for both their young adult children and their aging parents: gifts, repairing, shopping, personal care, nursing through illness and accidents, child care and baby sitting, etc. (19, 41, 42) Hill's three-generation study of family development finds this middle generation serving in a patron-like status in that they give more than they receive to both the younger and the older generations in the family. (19, Chap. 3)

The middle-aged wife may go through an identity crisis as she finds herself without the active roles she played when there were children in the home and young adults to be released. In a sense her job of twenty or more years has packed its suitcase and left home, leaving her without a focus for her energies and interests. Many a woman at this stage of life holds a job, finds constructive community work to do, or goes back to college to finish a degree and retool for the years that lie ahead. If such rechannelling of her energies is not done, today's middle-aged woman, more vigorous and younger for her age than was her mother or grandmother before her, may become a meddlesome mother and mother-in-law, a too-doting grandmother, or a nuisance to her husband now at the peak of his career, and community roles.

Husband and wife as a pair may find these middle years a chance to develop their resources. Financially they are better off than they have been before, or will be later on when they live on a retirement income. So, they may travel, rebuild their home for their own interests now that children have gone, and begin to devote themselves to the things and interests that mean most to them individually and as a pair. (12)

One used to hear of a man's "dangerous years" when younger women were a temptation, and "being young, virile and active" were male preoccupations. This period is dangerous not only for the marriage, but basically for the man himself. As his strength and vitality begin to observably decline, as the hair line recedes, and the abdominal muscles fail to restrain the swelling paunch, a man must find new meanings in his life beyond his sheer masculinity and sex attractiveness. The disillusionment of the middle years of marriage has powerful personal and marital components that lie inherently in this stage of family life.

Studies find disenchantment in the middle years of marriage among many of the couples studied. (5, 10, 15, 29) One research of married couples at various stages in the family life cycle finds that the middle-aged couple value conjugal factors in their lives highest now that companionship and calmness tend to be characteristic of their marriage. (15)

Disenchantment is often a problem for middle-aged men and women, as well as for preretirement couples. (29) In a sense, they feel they have done everything once, and that everything else is a repeat of the same old thing. By now they have recognized one another's weaknesses, annoying habits and tendencies. They each have had to face their own problems in themselves—so often harder to take than the other's faults. In the rough and tumble of their years of marriage they have wounded one another, said things that are difficult to forget, and developed scar tissue over areas that are painful to think about and almost impossible to discuss with objectivity. Now they face the task of rebuilding their relationship on a wholesome basis for the years that still lie ahead.

The number of family relationships increases greatly at this stage of the family cycle. In a three-child family there are 153 probable interpersonal relationships between a total of 18 different persons now. (12, p. 128) The woman relates to others in her family as wife, mother, mother-in-law, grandmother, sister, sister-in-law, daughter of aging parents, aunt, cousin, etc. The man of the family has interpersonal relationships as husband, father, father-in-law, grandfather, brother-in-law, son of aging parents, uncle, cousin, etc. Some of these relationships are with more than one person; as is the case when more than one of their children marries and brings additional in-laws into the family, or as the number of grandchildren increase over time. While the number of persons in the family increases arithmetically, the number of possible interpersonal relationships increases geometrically. So, the more the family proliferates, the more complex and complicated the intra-family relationships become. Peek in on any family reunion or holiday celebration for an illustration of what this means in family terms.

Early Retirement Years

Comes the time when a man retires from his work, and a whole new ballgame begins for both members of the pair. He may feel like a fifth wheel around the house where his wife has been in charge so long. Unless he has prepared well for his retirement, he may find that the leisure so long anticipated when he would be free to go fishing and spend more time at home fails to satisfy as fully as he had dreamed it might.

The family income declines rapidly after the husband's retirement, since Social Security and private pension plans rarely satisfy even the basic needs of the couple. Less than 10 percent of the wives are still working after their husband's retirement, which gives the pair more time for one another, but less money to work with than they have had before in their marriage, since their earliest days together.

The early retirement years, when husband and wife are between 65 and 74 typically, begin when the man no longer has his days filled with his work. Three out of four (75.3 percent) of the men are still living with their wives at this stage. But women are widowed in large numbers now, especially after the age of seventy. The differential mortality rates for men and women combine with the tendency for men to marry women younger than themselves to make the chances of being widowed much greater for the woman than the man of the family.

The death of a life partner is a crisis for the surviving member of the pair. (24) Studies show that reactions vary with the individual, and that there is a somewhat predictable process of bereavement that starts with disbelief, proceeds to grief, self-blame, depression, and finally into a successful weathering of one's loss in a constructive channelling of the loss through memorials, and/or carrying out the mate's wishes and interests as well as one can. (12, pages 468ff)

Older widows are found to fare better than women who lost their husbands at earlier ages. One reason for this appears to be that when an older woman is widowed there are more friends her own age in the same predicament, so that she has new companions and relationships to tie to. (23)

Men who have lost their wives tend to remarry in about three years; widows remarry in seven years, if at all. The discrepancy is accounted for in a number of ways. Men marry younger mates, and so have a wider field of choice than do widows of the same age group. Scholars point out that the benefits of remarriage are greater for the man than a woman. A man is better fed and cared for with a wife to look after him, and when he remarries he has a housekeeper, hostess and companion for his remaining years. (27)

Although marital interaction is low at this stage, there is a general feeling of peacefulness, and the satisfaction with the marriage approaches that of newlyweds. In fact, Feldman finds this a "very satisfying" period for most of the older couples he studied. (15) Older couples after the man's retirement talk a great deal about religion, health, home repairs. They rarely report "a gay time away from home," but appear to get their satisfaction from the peace and quiet, and the lack of stress in their lives. (15, 22, 27, 39)

Years ago a thick book was circulated with the title, *Sex After Sixty*. Its cover was attractive, the format thick and imposing. But when one opened the book there were only blank pages. This stereotype of the cessation of all sexual activity in the later years is still prevalent in spite of evidence to the contrary. While it is true that sexual intercourse declines in frequency over the years, many couples continue to enjoy it well into old age. (26, 35 and the Kinsey studies) As passion declines, expressive roles dominate the husband-wife relationship. Throughout the later years affection, interest, kindness, tenderness, intimacy and companionship are of great importance to the older pair. (3, 20, and the work of Dentler, Epstein, and others)

Great-grandparenthood is not unusual now, as grandchildren marry and have children of their own. The recent retiree and his wife may already begin to feel at the apex of a pyramid with multitudes of descendants arriving to carry on the family name and tradition. There are some older men and women who relish their roles as grandparents, who enjoy their children and grandchildren, and take an active interest in them and their development. Other grandparents are much more remote and formal as older family members. (7, 28) It is generally agreed that young children are too noisy and tiring for the aging to enjoy as a steady diet. It is not unusual for grandparents to be glad when their grandchildren and great-grandchildren come to visit and to be quite as happy when they leave.

Few aging men and women live in three-generation homes, as the popular myth has it. There is but a small minority of grandparents who life with their married children in homes where there are young grandchildren. Much more common is the widowed father or mother, or an older married pair, living with a middle-aged married child whose own children have already left home. Such middle-aged sons and daughters have an ongoing interest in their aging parents, as already reviewed in research evidence above. Their home is established, and large enough to accommodate an aging replacement of the recently launched young adult sons and daughters. (36, 46)

The family relationships of aging members continue to be numerous and complex. A possible 153 interpersonal relationships in a three-children family have been charted, each with a plethora of roles and responsibilities. (12, Chart 5–7) The woman of the family possibly is now a wife or widow, a mother, mother-in-law, grandmother, great-grandmother, daughter of aging parents, sister, sister-in-law, aunt, great-aunt, cousin, and elder woman of the family clan. The husband has a parallel number of interpersonal relationships, but tends to be less actively involved in them than are the woman of the family.

Old Age — Over 75

Even beyond the age of 75 nearly three-fourths of the men (73.2 percent) and more than half of the women are head of the family, often with relatives living with them in their own homes. By this age, 58 percent of the aged husbands and 19.3 percent of the wives are living with their spouses. Twice as many women (40 percent) as men (19 percent) over 75 live alone for at least two reasons: old women are more able to take care of themselves, and are less likely to remarry after they are widowed than are aging and aged men. Even at advanced ages over 75, a small minority of men (6 percent) and women (8 percent) are institutionalized for any reason or type of care. Again this fact blasts the all too common stereotype that the aged are senile, helpless, and must be "put away." (46)

Warm human interaction is still a compelling need not easily met by those who have lost their life companion. The need to be needed remains as long as life and ability last for most persons. Many aging men and women maintain a full repertoire of meaningful relationships with others in family, friendship, church and community circles as well as in creative expression of all kinds. Grandma Moses modelled for millions the joy of painting in her later years. Pablo Casals and Leopold Stokowski became ever more gifted musicians with the passing of time. Jack Benny was still 39 on his 75th birthday, when on a nationwide television celebration of it, he asked a young girl in the audience, "How old do you think I am?" She looked at him thoughtfully, smiled and said, "Thirth-nine." He beamed, looked a bit embarrassed and confessed to her that he actually was a little older than that. Gaining confidence he came back, "So, how old would you say I *really* am?" She looked him straight in the eye and promptly replied, "75!" At this his face fell, and he stared, and stared, and stared—in but a few seconds emerging in the public eye not as an old 39, but a young 75.

The Kansas City Study of Adult Life finds one-third of the old persons in their population mature, integrated, and functioning well with strong egos, a sense of mastery and control, with a feeling of self-worth and a willingness to take on new roles and responsibilities to replace those lost as their families have grown and gone, and their employment no longer is so time-consuming. (18, 28) These are no doubt the older men and women active in AARP, NRTA, SCORE, Green-Thumbers, Foster Grandparents, and other nationwide as well as local programs. Such elderly persons have become relaxed and mellow with the passing of the years. They are relaxed rather than combative in their relationships with others. They use the wisdom they have accumulated in creatively constructive ways, and remain articulated into society as long as life lasts. (28, 31, 33, 34)

In time even the healthiest individual comes to the point where the possibility of his or her death must be faced. In recent years studies have been made of the reactions of persons faced with the likelihood of dying. Contrary to the common expectation that men and women facing death do not want to talk about it, the researchers found them willing and able to talk freely about how they felt about their own approaching death. A series of sequential reactions were found in many cases that began at the first recognition of the possibility of dying with its denial, and rejection as a possibility. Next came anger, with a possible overlay of "Why me?" as a second phase in personal response to one's own demise. Bargaining followed with attempts psychologically to trade good behavior or good works for an extension of time. With the recognition that the process of dying would not be stayed came depression; and lastly, for some came the peace of acceptance of one's own approaching death. (21)

Quite recent published works have explored the positive ways of accepting life's final act—that of dying. One particularly articulate review of what it means to prepare for one's own death includes this statement:

> "Death is inextricably woven into all that makes life rich, noble and triumphant. To conceal it is to cheat one's self of what might give meaning to life. Indeed, one cannot accept life without knowing that it must end. Death is not the scissors that cuts the thread of our lives. It is rather one of the threads that is woven into the design of existence." (13, p. 15)

Family members recently have been urging that their loved ones be allowed to die naturally when their time comes, rather than be subjected to the senseless prolongation of vegetative states, or unnecessarily painful, agonizing final days, weeks, months, even years through medical attempts to sustain life as long as possible. One physician advocating medical and legal policies that would allow a person to execute a document directing that he be allowed to die in peace when his time comes, points out that each end of life is a miracle, "Death like birth is glorious, let it come easy."

Donation of one's own body for surgical replacement of tissue, for medical education and research is now legally possible in all 50 states under the Uniform Anatomical Gift Act. A donor card is carried in one's wallet specifying the permission for posthumous transplants of body tissue upon one's death. Morticians have legal forms for the living to file specifying that upon one's death the human material will be taken directly to a nearby medical teaching and research center. In place of the traditional funeral with the remains present, families and friends come together for a memorial service in which the departed loved one's life is remembered, celebrated, and openly memorialized. This provides the rite of passage helpful in accepting the death of a person whose life has been meaningful, with the positive overtones for both the one who has died, leaving his body to benefit the living, and to his dear ones who assemble to do him honor confident that he has died as he lived, with grace and selflessness.

Death education is being advocated widely now to remove the stigma and taboo from the final act of life. Public education, college and university courses, as well as adult education programs now increasingly include the latter decades of life, and its termination as a part of their work in human development, family life education, and philosophy. Since every human being, like all other forms of life, is mortal, and inevitably will die, the end of life is a part of the whole, and in a real sense, death education is seen as preparation for living. (17, 38)

Family membership is a central factor in the life and death of every citizen of these United States. Therefore, it is fitting that consideration be given to the social and personal policies that reflect family roles and relationships in the economic, educational, emotional, health, housing, personal and public care of and concern for the aging. At this point in history then, let us turn ourselves to the recommendations that derive from this review of research, clinical and census evidence. Only as the later years of life can be made meaningful and rewarding will life make sense for old and young alike. For it is inexorably true that all age in time, and if being old is respected, appreciated, and admired, as a fitting climax of the good life, then life itself is to be valued—at every age.

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THE RELIGIOUS COMMUNITY AND THE AGING

The Special Concerns Session on **The Religious Community and the Aging** was requested by the National Council on the Aging, Inc. It was felt that this Session was needed, in addition to the Conference Section on Spiritual Well-Being, to develop recommendations directed specifically to the religious needs of older people. Other groups participating in the Planning Committee were The National Conference of Catholic Charities, The National Presbyterian Center and The Relief Society of the Church of Jesus Christ of Latter-Day Saints.[1]

The Participants

During Conference preregistration, approximately 138 Delegates signed up for the Session. Upon opening the Session, however, a number of other Delegates, observers, and guests attended the 4-hour meeting. Only official Conference Delegates were qualified to vote on the recommendations.

Prior to the Session meeting, the Interreligious Committee of General Secretaries prepared a statement relative to the role of the religious community in providing opportunities for older persons to enjoy the basic rights and freedoms within their communities and to become fully involved in programs and services affecting their well-being. This statement is reproduced in the Appendix to provide information from which Delegates were able to draw upon in formulating recommendations.

The Program

In order to prepare the Delegates for formulating sound recommendations, the major part of the program was devoted to presentations by keynote speakers who discussed some of the most frequently voiced criticisms of the religious community. The Planning Committee also invited a number of representatives from the religious community to respond and comment on the presentations.

1971 WHITE HOUSE CONFERENCE ON AGING

PROGRAM

THE RELIGIOUS COMMUNITY AND THE AGING

Presiding—WILLIAM C. FITCH, Executive Director, National Council on the Aging, Inc., Washington, D. C.

8:00 A.M.—Opening Remarks

8:15 A.M.—"The Church and the Community"—DR. REX A. SKIDMORE, Dean, Graduate School of Sociology, University of Utah, Salt Lake City, Utah

9:00 A.M.—"Practical Ecumenism"—DR. ROBERT N. BUTLER, Chairman, District of Columbia Advisory Committee on Aging, Washington, D. C.

9:45 A.M.—"Church Facilities for Minority Groups—Policy versus Practice"—HOBART C. JACKSON, Chairman, National Caucus on the Black Aged, Philadelphia, Pennsylvania

10:30 A.M.—"Ministering for and to the Elderly"—REVEREND HERBERT C. LAZENBY, Executive Director, Senior Citizens, Inc., Seattle, Washington

(Program continued on next page)

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[1] See Roster of Planning Committee, page 224.

(Program Continued)

11:15 A.M.—POLICY RECOMMENDATIONS AND ACTION PLANS

1. Formal presentations will discuss some of the most frequently voiced criticisms of the religious community and the aging.
2. Representatives of the religious community will react or respond to the presentations.
3. Policy recommendations will be proposed and acted on by the group.
4. Suggestions for statement of commitment for closing session.

THE SESSION REPORT

Recommendations

1. That a National Conference on Spiritual Well-Being be held within the next *two* years, and not later than *five years,* to review and evaluate the recommendations in terms of achievements as a result of the 1971 White House Conference on Aging.

2. That it should be the national policy that religious bodies and other private agencies make it their concern to bring together the services of the entire community to provide opportunity for interfaith broad-based community programs for the aged through multipurpose community centers.

3. That private institutions of religious and charitable organizations which discriminate in the admission of black persons and those of other minority groups, and deny and abrogate the civil rights of such persons, have their tax exemption status lifted. We urge that the U.S. Congress enact appropriate legislation to bring this about.

4. That church-related retirement facilities add to their staff (on a salaried and/or volunteer basis) a retiree in the role of community ombudsman-advocate, working with older adults within the institution and the larger community, serving as a representative with and for older adults.

5. That religiously related educational institutions and religious laymen in any teaching situation, be urged to provide a knowledge base for an understanding of the processes of aging, the characteristics and needs of older persons, and the implications of such knowledge for fields of community practice.

6. Subscribing to the principle that responsibility for the care and affectional support of persons of all ages rests with one's immediate family and kinsmen, we, therefore, recommend that (a) tax deductions, be given for qualified gifts and assistance to aged persons, as are now authorized for charitable contributions, and (b) education be inaugurated for couples in their middle years for their tasks in bridging the generations, including accepting death and preparation for the life of a survivor.

A Message to the Religious Community[1]

A consideration of policies affecting the aging at the White House Conference should start with recognition of the dignity of all persons, specifically the elderly. "You shall honor your father and your mother," the scripture says, and from this commandment flows the necessity for policy and program decisions.

As representatives of our respective religious organizations we address this open letter to the religious community of America on the occasion of the 1971 White House Conference on Aging.

We remind you of the statement on the role of religion in the life of the older person in the Report of the 1961 White House Conference on Aging.

> "Religion's concern with human dignity at every stage in the span of life derives from the fact that each individual is created in the image of God. As a consequence, religion seeks to build a living fellowship of believers in which the aging find and share the true benefits of being part of the household of God. It is this conviction which likewise demands a concern for such matters as the maintenance of social welfare institutions by religious bodies and the proper conduct of those sponsored by Government or voluntary agencies in a manner consonant with the nature of man and the sanctity of existence. Similarly, it is the basis of a concern for the right of every individual to a burial benefiting human dignity.
>
> "It has been suggested that 'man's potential for change and growth is much greater than we are willing to admit and that old age be regarded not as the age of stagnation but as the age of opportunities for inner growth.' In light of this, congregations should recognize that their elder members are often specially endowed with gifts of wisdom, serenity, and understanding. To the aging person, religion extends an invitation to see the later years of his life as 'rich in possibilities to unlearn the follies of a lifetime, to see through inbred self-deceptions, to deepen understanding and compassion, to widen the horizon of honesty, to refine the sense of fairness.' The religious community assists the older person to deepen his relationship to God and to accept the assurance of eternal life."

The Facts of Life

We start from the premise that life for older people, like that for all others, will be a mixture of pain and problems, of pleasures and richness. The broad policy issue is whether the difficulties can be lessened and the strengths enhanced.

There are a number of specific necessities which we call to the attention of members of religious organizations and of Delegates to the White House Conference on Aging. Adequate medical care, an adequate standard of living, an opportunity for cultural enrichment are necessary for a full life. Particularly important is the opportunity to communicate and cooperate with others, to live with others if this is the mutual desire. Similarly, the right to live alone and in one's own home should be respected. Loneliness should be replaced by companionship, idleness by the opportunity to participate, isolation by involvement.

In earlier times when the extended family living together was the life style, both physical care and social involvement of the aged person was a natural component of family life. The life style of today's nuclear family, not to mention newer life styles appearing in the youth culture, do not provide for the aged person's protection against social isolation and a sense of abandonment. Institutions other than the family are looked to for physical care of the aged to a degree not true of a half-century ago.

Early retirement at the age of 65, or even earlier, has to be faced by many people, and not always on the basis of their own choice. In a society which places high value on those who can produce goods or services which can be marketed in the ordinary workings of the economic system, compulsory retirement for those who cannot so produce tends to be inevitable for too many people. This can destroy a person's sense of worth and value.

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[1] Prepared by Bishop Joseph L. Bernardin, General Secretary, U.S. Catholic Conference; Dr. R. H. Espy, General Secretary, National Council of Churches; and Rabbi Henry Seigman, Executive Vice President, Synagogue Council of America.

The knowledge, experience, wisdom and good judgment that so often accompany the older years may still be of value to society though not necessarily to be contributed through the economic channels of the earlier career. Employers and older employees may mutually benefit from the exploration of second careers with production pressures and time schedules adapted to the capacities of older people.

Apart from the economic employment, the voluntary assistance that can be provided to charitable, educational, and public functions by older people drawing on their wide experience with issues and people could be invaluable. Many of those who retire today have much to contribute and there are many needs they could meet, but too often the person and the need are not brought together.

Ability to contribute wisdom and experience to community life is not the possession of well-to-do or educated people only. People rich in experience though limited in formal education, people from minority racial and ethnic groups, as well as from the majority are entitled to the satisfaction of having their talents valued and utilized by the larger community.

The Fact of Death

One of the most important concerns of the aging person is the relative proximity of death.

Death is an inexorable event that must be faced. It cannot be denied as a fact; it cannot be avoided as an issue. However, it cannot be hastened by any positive act of any person. The fact of death must be faced, but it should not be considered as something within the determination of any human being. Extraordinary means need not be taken to unduly postpone death, but no positive means can be used to bring it about.

The Role of Community

As religious representatives we are, of course, primarily concerned with the spiritual well-being of the community. But we also strongly affirm that spiritual well-being cannot exist in a vacuum. As the prophet Micah wrote, "What does the Lord require of you, but to do justice, and to love kindness, and to walk humbly with your God?" (*Micah* 6:8)

The human spirit cannot flourish in a society which neglects, demeans, or tries men's souls beyond endurance through the denial of basic rights and freedoms, such as the right to worship God according to one's own conscience, to freely assemble with others, and to petition one's government for redress of grievances.

The religious community by itself cannot provide the social milieu needed to sustain the spiritual well-being of older people.

Government on all levels, organizations in the voluntary sector, the business community and the family, among others, must all play an appropriate role in creating a society in which older persons can participate in full measure according to their abilities.

We are mindful of the enormity and complexity of the task confronting the community, and that men of good will are faced by many important issues.

> —Do our community attitudes reflect a genuine concern for the aging and their families and our philosophical affirmation of the dignity of man and the richness of the golden years—or do the needs of the aging need more attention in our national and local priorities?
>
> —Is our vision of the aging clouded by stereotypes, and do we thus fail to see the tremendous variations in their aspirations, drive for independence, abilities, interests, handicaps, limitations, and dependency? Do we thus fail to consider whether we are providing the full range of facilities and services which they might utilize in maintaining optimum independence during declining years? For example, are services such as home

health aides, visiting homemakers, hot meals, and the like available when needed?

—How much of a gap is there between our judgment of what constitutes social justice and what we actually do; between our standards and our practice; between social policies and their implementation? For example, are nursing homes really required to operate at an acceptable standard of health and comfort? Are Social Security payments adequate when measured against current costs of living? Do escalating real estate taxes force people out of the home of their choice?

—Do we have adequate mechanisms for getting the facts about our aging population, their problems and our progress? Have we developed adequate mechanisms for planning together, locally and nationally, and for sustaining comprehensive, well-coordinated programs that are adequate for the full range of need?

The Role of Religious Congregations

We propose that congregations and those who serve as their spiritual leaders give thoughtful consideration to the following responsibilities.

1. Include older people fully in the religious fellowship.

Retired persons and other people over 65 years are members of religious congregations. As such they expect opportunities to participate in programs of worship, education, and service along with other members of the congregation. Where they have interests or needs peculiar to older people, they expect to be able to form groups of their own and to organize activities of their choice. Some older members of the congregation may need services that can be provided on a volunteer basis, such as daily telephone calls of assurance, transportation to the house of worship, visiting-shopper service, and the like. These should be provided wherever possible through arrangements and plans made by a responsible group in the congregation, making fullest possible use of other elderly members as organizers and volunteer aides.

The concept of the congregation as a "fellowship of the faithful" or "a beloved community" can be applied in practical ways to alleviate the loneliness and sense of isolation many older people feel.

2. Be an advocate of older people.

Not all the needs of older people can be met through volunteer services. Some require changes in law, such as provision for tax exemptions or of new public facilities and programs. Some require changes in practices and procedures of agencies in the governmental, voluntary, or commercial sector, such as reduced bus fares, or provision on a neighborhood basis. Senior citizens should be able to count on the support of social action groups within religious congregations in their efforts to secure needed changes in community services and practices. One aim of such advocacy is to provide to older people the right to free choice and self-determination which we seek for all groups in the community.

The religious community should do all it can to sensitize the conscience of communities to spiritual and moral values implicit in policy issues which must be faced with respect to the needs and rights of older people.

3. Provide spiritual services to older people.

Meeting the spiritual needs of older people poses some practical problems which are not so characteristic of other age groups. More are homebound because of illness or infirmity, and worship as well as counseling services must be offered in the home. Some are in homes for the aged, nursing homes, or other extended care facilities. More than ever they want the spiritual ministry which they have come to expect from the pastor, be he priest, rabbi, or minister, and from concerned members of the congregation. Pressure of other duties must not cause them to be deprived of comfort and support.

Changes in physical condition, life style, and relationships to other members of the family confront the older person with moral and spiritual questions that are not identical with those facing other members of the congregations. In the total conduct of parish life and in all programs, older persons should be fully involved and their special needs considered.

Finally, churches and synagogues have an obligation to help the aged face the necessity of death, with all of its pain and grief. Through group programs when appropriate and especially through pastoral counseling, the elderly should be helped to cope with the many problems surrounding death. More needs to be done through theological education to equip ministers, priests, and rabbis of all ages to provide the spiritual ministry especially needed by older people.

Conclusion

The religious community has older as well as younger members. Its concern must be genuine for all its members, providing to all spiritual and social ministry attuned to their needs. As part of the total community, the religious community shares in a responsibility to provide for aging people the full opportunity for lives of dignity, usefulness, and satisfaction which social justice demands.

Roster of the Planning Committee

Lawrence J. Corcoran, Secretary, National Conference of Catholic Charities, Washington, D. C.

Lowell R. Ditzen, National Presbyterian Center, Washington, D. C.

William C. Fitch, Executive Director, National Council on the Aging, Inc., Washington, D. C.

Belle S. Spafford, General President, The Relief Society of the Church of Jesus Christ of Latter-Day Saints, Salt Lake City, Utah.

THE ELDERLY CONSUMER

Recognizing their long-standing interest in assuring that the elderly's consumer problems be designated an area for special consideration in the 1971 White House Conference on Aging, the Consumer Federation of America, the Consumers Union of the United States, and the President's Consumer Advisory Council were invited to initiate planning of the Special Concerns Session on **The Elderly Consumer.** The National Association of Attorneys General named a representative to this group, as did the National Council of Senior Citizens, which had also earlier tried to assure that consumer issues be treated among the Conference subject areas. Joining the planning group were representatives of the American Association of Retired Persons and the National Retired Teachers Association, the National Association for the Advancement of Colored People, and the Retired Professionals' Action Group.[1]

Serving as consultants to this group were government representatives from Federal departments and agencies actively involved in efforts to assist the elderly consumer. These included the Office of Consumer Affairs within the Executive Office of the President; the Departments of Transportation, and Health, Education, and Welfare; and the Federal Trade Commission. The United States Senate Special Committee on Aging also participated in the planning activities.

Since the 1961 White House Conference on Aging, a Consumer Bill of Rights has been pronounced and endorsed by three Presidents. Frequently, however, the elderly—perhaps the most disadvantaged in the modern marketplace—have been identified as lacking opportunity to secure these rights. Beset by low income, increasing physical infirmity, and a life style frequently unresponsive to the rapidity of change characterizing contemporary life, as a population group, the elderly easily fall prey to marketplace ills. Numerous studies, surveys, research and demonstration projects, other conferences, and Congressional hearings have documented the need and offered recommendations for the development of public policies directed at assuring the older citizen his rights. Within such an atmosphere, the group convened to plan the Special Concerns Session recognized the opportunity they were presented.

They began their work with the tacit acknowledgment that in both implicit and explicit interests, the 1971 White House Conference on Aging was a consumers' conference for the elderly. Income, health, housing, transportation, and the other needs areas around which the Conference was structured, were regarded as topics which would be addressed in any comprehensive review of the older person as a consumer. In addition, through a Conference plan calling for the active participation of older people themselves in Older Americans Forums, community and State conferences, and within the National Conference, a firm tenet of consumerism—the involvement of the consumer in pursuits in his interest—was upheld.

The stage for recognition of the elderly consumer's interest was further set for the Planning Committee in the recognition which had been given consumer issues in the Conference subject area of Facilities, Programs, and Services. Working with the Technical Committee in that area was a Special Consultant Committee on Consumer Services, which identified specific consumer concerns for the consideration of participants in White House Conferences on Aging at all levels.

These concerns centered around two questions: (1) What organizational setup at the Federal level would best serve the interests of the elderly consumers, and, (2) In assuring consumer protection, what balance should be sought among the consumer himself, business, and governmental controls?

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[1] See Roster of Planning Committee, page 232.

Other Conference activities contributed to this propitious climate of concern. Several States had chosen to extend their considerations beyond the specific 14 Conference subject areas to the elderly's considerable array of marketplace problems. The Kansas State Conference, for example, sparked by a special edition of *Probe*, the newsletter of the Kansas Citizens Council on Aging, Inc., adopted an older citizens' consumer program. Savings, investments, and credit, market sales, consumer representation, protection from deceptive home sales, legal rights, and insurance reform were components of the Kansas consumer program which the Planning Committee considered as it sought to hone the focus of the Session. In this regard, the Committee also utilized the report of the Michigan State White House Conference Task Force on Consumer Protection. A comprehensive document, the Task Force Report heightened the Planning Committee's awareness of the elderly's concern with the organization of government to meet their consumer needs, protective services, insurance practices, consumer education, marketing, and legal rights.

From this wealth of material charting the movement of consumerism among the elderly, the committee members developed a platform statement to be used as a basis for discussion at the Special Concerns Session. They were adamant, however, in their belief that the Session should be so structured as to allow the older consumer himself an opportunity to raise his voice and seek the changes necessary to the improvement of the marketplace on his behalf.

The Program

As buyers, recipients of services, and victims of frauds and marketplace abuses, over 225 Delegates, most of whom were older people, brought their experiences to bear upon the proposals contained within the suggested platform statement. The Delegates actively involved themselves in modifying, deleting, and proposing additional recommendations.

Listening as they addresssed themselves to adopting policies and programs which would assure all elderly persons of their consumer rights, were decision makers from business and government. These official listeners, invited by the Session Planning Committee, attended, not only to hear firsthand of the elderly's particular consumer problems, but to learn where it is that the Delegates believed responsibility lies for implementing solutions.

Three teams of nongovernment members serving on the Planning Committee recorded the action of the Session. Each team held responsibility for the discussion in one of the three broad subject areas, drafting the specific recommendations which had been made, a process completed during the ensuing discussion on another of the topics, and then presenting the formal recommendations to the Session for adoption.

1971 WHITE HOUSE CONFERENCE ON AGING

PROGRAM

THE ELDERLY CONSUMER

Chairman

JACOB CLAYMAN, Administrative Director, Industrial Union Department, AFL-CIO, and Vice President, Consumer Federation of America.

Purpose

To explore solutions for problems of older consumers and to develop an action program to solve as many of the problems as possible and alleviate those that cannot be solved.

Agenda

Chairman opens Session, introduces official listeners and explains their role, invites all delegates to participate and vote their convictions as they develop this action program for the older consumer.

Delegates discuss Consumer Platform, divided into three major areas of concern:

Consumer Education and Research
Consumer Protection and Legislation
Consumer Advocacy and Representation

Delegates vote the action program they desire, (Planning Committee members will shape these decisions into resolution form during the discussion).

(Program continued on next page)

Official Listeners

SUE BOE, Consumer Services Director, Pharmaceutical Manufacturers Association

BARBARA BURNS, Deputy Assistant Secretary for Consumer Services, Office of the Assistant Secretary for Community and Field Services, Department of Health, Education, and Welfare.

NANCY CHASEN, Legislative Assistant, Office of Senator Thomas Eagleton of Missouri

BETTE CLEMENS, Director of Consumer Affairs, Council of Better Business Bureaus

PHYLLIS CORBITT, Deputy Executive Assistant, Environmental Protection Agency

SAUL HOCH, Deputy Assistant Secretary, Department of Labor

GREGG HOVENDEN, Chief of Consumer Affairs, Department of Justice

JOHN JENNINGS, Assistant Commissioner, Medical Affairs, Food and Drug Administration, Public Health Service, Department of Health, Education, and Welfare

MILES W. KIRKPATRICK, Chairman, Federal Trade Commission

VIRGINIA KNAUER, Special Assistant to the President, and Director, Office of Consumer Affairs, Executive Office of the President

W. C. LAUDERDALE, Fraud Branch Manager, U. S. Postal Service

PHILIP OLSSON, Deputy Assistant Secretary, Department of Agriculture

THOMAS C. PERROT, Assistant Commissioner, Social Security Administration, Department of Health, Education, and Welfare

CAROL SMITH, Deputy Assistant Director, Office of Special Concerns, Office of Education, Department of Health, Education, and Welfare

ANN UCCELLO, Director of Consumer Affairs, Department of Transportation.

THE SESSION REPORT

Introduction

The Delegates of the Special Concerns Session on **The Elderly Consumer** reaffirm the four basic consumer rights of all citizens:

The Right to Safety
The Right to Be Informed
The Right to Be Heard
The Right to Choose

In order to achieve and maintain these rights, the government and the private sector must effectively combine and direct their energies and resources toward that goal. Although the majority of the recommendations from this Conference are directed to government and voluntary agencies for their implementation, the consumer delegates are particularly concerned that business and industry cooperate with voluntary and government agencies to create an equitable, economical, accessible, and attractive marketplace for the older consumer.

The Special Concerns Session on the Elderly Consumer stressed specific issues that would strengthen the older consumer's position in the marketplace and which had not been addressed directly in other major Conference Sections. These issues are:

I. Consumer Education and Research
II. Consumer Advocacy and Representation
III. Consumer Protection and Legislation

Consumer Education and Research

The older consumer has the right to be informed. In a country such as ours, where literacy is high and mechanisms for communication are available and reasonably inexpensive, the most important approach to consumer education and research must be to impart to the older consumer information and methods which will alert him to the problems of the marketplace and enable him to make realistic and prudent decisions—not only learning what to buy, but how to buy.

The following recommendations could help assure that the older consumer's rights are protected.

1. Agencies of the Federal, State, and local governments, in cooperation with each other, should develop and administer curriculum guidelines for the education of older consumers. The following areas, among others, should be covered: banking and lending institutions; budget-

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ing; consumer fraud; door-to-door selling and telephone soliciting; false advertising; funerals; health frauds and quackery; insurance (auto, health, home, and life); medical care and services; nutrition; pricing practices (particularly in low-income areas); public assistance and services available at little or no cost, including legal services; purchasing of all consumer products; real estate; retirement planning; and safety.

2. Consumer education efforts at the local level should include the establishment of consumer information and referral centers with appropriate emphasis on and provision for the older consumer.

3. Any independent consumer agency established within the Federal government structure should provide for consumer information services for the elderly. The agency should gather information from other Federal agencies and non-Federal sources to disseminate to the public through government-sponsored extension service programs, consumer-oriented seminars, institutes, and other leadership and group participation programs.

4. In communicating with the elderly consumer, there should be a maximum use of such of the following methods as have been deemed to be effective: educational television, commercial television, extension courses, other adult education courses, radio, newspaper articles, brochures, local club and group activities, store-front offices, and paraprofessionals. Special emphasis should be placed on person-to-person contacts.

5. The broadcasting industry—including networks, local stations and educational television and radio—is called upon to use its resources to prepare and/or accept and to air informational and educational programs on the consumer needs of the aging. Special emphasis would be placed on the problems of the 5,000,000 elderly whose income is below the poverty level and, where appropriate, the format of such programs should involve the elderly themselves.

6. Research should be done by government at all levels in cooperation with the private sector, universities, and non-profit groups on the problems of the older consumer, the behavior of the older person in the marketplace, and on his particular needs for education and protection, so effective education programs can be developed and remedial action suggested.

7. The results of product research and testing by government and the private sector should be translated into layman's language and made accessible to the older consumer.

8. Any consumer education and research programs developed at the Federal, State, territorial and local levels can be most effectively administered at the local level.

Consumer Advocacy and Representation

The older consumer must be assured that his voice will be heard and his wishes considered when decisions are made which affect the quality of his life. He must also be assured that his concerns will be given necessary emphasis and priority.

The Consumer Concerns Session voted to recommend that:

1. A consumer agency should be established which would be a separate entity within the present Federal Government structure and which would have the authority to serve as an advocate of the consumer, both as an individual and as a class, in proceedings before Federal agencies, Federal officials, and Federal courts. Other functions of this agency would include the authority to conduct research and education, including the provision of systematic and comparative information about consumer products. In addition, the agency must be adequately financed to fulfill its responsibilities and to have sufficient monies for enforcement. Money must be made available for grant-in-aid programs to develop consumer protection programs in individual States, jurisdictions, territories and possessions.

2. Consumers should have the right to sue as a class (class action suits) in proceedings before State and Federal courts and agencies.

3. Social service agencies and volunteer action agencies at the Federal, State and local levels must be vested with proper advocacy powers to represent their clients when consumer issues are involved.

4. Each State should retain its Delegates to this Conference as advisory boards to represent older consumers at the State governmental level.

5. A consumer representative should be added to the newly-established Cabinet-level committee which now coordinates Federal policies for improving the quality of life, dignity and productivity of the Nation's older people.

6. The President's Office of Consumer Affairs should make a specific staff assignment to deal with the consumer problems of older people.

7. The administrator of every State and local governmental agency or office dealing with consumer affairs should designate a specific staff member to deal with consumer problems of older people.

8. Every State investigative team which is created to inspect health facilities which will provide Medicare and Medicaid services should include a consumer who is eligible for these services and who lives in the community of the facility being surveyed.

Comment: The Delegates also expressed particular concern regarding fee schedules set by physicians, attorneys, dentists, morticians, and other fee-for-service professionals.

Consumer Protection and Legislation[1]

Today's changing marketplace has become increasingly complex and impersonal. Because of these characteristics and other factors which relate particularly to older people, such as fixed and low incomes, limited mobility, and poor health, a significant number of older people have difficulties as consumers. Action must be taken at the State, local, territorial, possession and protectorate, as well as Federal levels, to see that the rights of all consumers are protected and that particular problems that relate to the older consumer receive necessary and appropriate attention.

Delegates recognize the need to form consumer organizations and to know their State and Federal legislators for the purpose of promoting the implementation of the legislative suggestions made by the White House Conferences on Aging.

CONSUMER PRODUCT SAFETY LEGISLATION

We recommend the passage of a consumer product safety law which has undiluted responsibility for preventing consumers from being exposed to unsafe goods, drugs, cosmetics and other consumer products, including:

- Establishment of a National Injury Information Clearing House to monitor and report accidents resulting in injury, illness, or death, and identify the agents producing such injury.
- Establishment of a Consumer Safety Information Center to respond to written inquiries from consumers concerning consumer safety and to conduct consumer education programs to inform the public of safety hazards.
- Development of proposed product safety standards based on continuous evaluations of injuries.
- Establishment of a mechanism for withdrawal of banned hazardous consumer products from the market.
- Development of generic standards of safety applicable to new and innovative consumer products.
- Prevention of stockpiling of products prior to the establishment of a final standard of safety for a consumer product.
- Petitioning of consumers to commence a proceeding for the issuance of a consumer product safety standard.
- Refund of the purchase price by the manufacturer of a banned hazardous consumer product.
- Recovery of the damages and cost of a suit for sustaining an injury if the Act is violated.

INSURANCE LEGISLATION

Health Insurance: We recommend passage of legislation requiring more stringent regulations regarding private health insurance (with particular emphasis on health insurance which supplements Medicare) including:

- Increased disclosure of financial operations, particularly operating expenses and profit retention.

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[1] Included in this section are recommendations adopted at the Session, but not included in the initial *Report To The Delegates From the Conference Sections and Special Concerns Sessions* issued on December 2, 1971.

- Assurance that these firms have sufficient cash resources to avoid problems of insolvency and to prevent fly-by-night operations from cashing in on business generated by the gaps in the Medicare program.
- Development of basic coverage requirements based on the most pressing areas of coverage needed to supplement Medicare.
- Clear disclosure by the companies of this type of coverage, and any super-supplemental coverage, in clear, easily-understandable terms.
- Oversight of rates for the required health-insurance package.
- Assurance that duplicate coverage by one insurance company should not be used to deny claims pressed by a consumer against another company with which he holds a policy.

No-Fault Automobile Insurance: Despite the fact that statistics prove that older people are involved in fewer accidents per capita, and, therefore, are safer drivers as a class, they are generally assumed to be more at fault and less desirable risks. The older person has a right to purchase insurance at a reasonable fee which will safeguard and indemnify him against losses.

- We strongly urge that the Delegates return to their States and work for the passage of laws at the Federal and/or State level providing for no-fault automobile insurance to replace the present inadequate auto reparations system.

HEARING AIDS, PHYSICAL THERAPEUTIC DEVICES AND APPLIANCES LEGISLATION

When an older person needs a hearing aid, physical therapeutic devices and appliances, he is faced with high prices, confusion, and lack of safeguards. We, therefore, urge the Council of State Governments, the State Attorneys General, and the American Law Institute to draft and promulgate uniform model laws regarding the dispensing of hearing aids, physical therapeutic devices and appliances, including the following provisions:

- Licensing of dealers and salesmen by the State health department. The licensing board to be composed in the majority of odiologists and audiologists for hearing aids, similar trained persons for other devices, and public members.
- Requiring a proper audiometric testing and fitting before a hearing aid may be fitted by a salesman or dealer.
- Assuring recovery of loss when an aid or device is sold improperly.
- Prohibiting false and misleading advertising.
- Requiring short-term training courses for commercial dispensers of hearing aids and therapeutic devices and appliances to be certified by the State health department.
- Establishing a program for testing of hearing aids, audiometers, physical therapeutic devices and appliances and the publication of the results of such tests by the National Bureau of Standards. Such testing should include the quality of construction and component parts and performance as compared to the specifications published for the manufacturer by the National Bureau of Standards. Audiometers should be tested in accordance with the standards of the International Standards Organization and the International Electrical Engineering Organizations.

MISCELLANEOUS ADMINISTRATIVE AND LEGISLATIVE PROPOSALS

——Require packaged consumer commodities under the Fair Packaging and Labeling Act to be priced on a per unit basis, displayed on the package or shelf in print that is easily read and understood so prices can be compared.

——Reform regulation of land sales to provide for elimination through legislation of current exemptions from the Interstate Land Sales Full Disclosure Act; better property report disclosure; and a 72-business hour cooling-off period in land sales contracts.

——Provision should be made to allow consumers increased opportunities for settlement of small claims to eliminate lengthy court procedures.

——Standards of flammability should be up-dated and effective Federal regulations applied under the Flammable Fabrics Act Amendments of 1968.

——Legislation should require the name and all active ingredients in prescribed and over-the-counter drugs to be disclosed in standardized readable terminology on the label of the drug as packaged for sale or delivery.

——No laws or trade practices should prohibit the advertising of prescription drug prices. Furthermore, as a matter of public policy, complete information about the availability of pharmaceutical services should be provided to allow informed judgments as to the value of the products and services received by consumers.

——Legislation should require a 72-business hour (3-day) cooling-off period which would give the buyer or borrowers from a seller or lender who is operating away from his established place of business (includes door-to-door selling) 72 business hours to cancel a contract.

——Provision for a simple, open-dating system for all packaged foods should be required to indicate when each item should be removed from the store shelf.

——The Food and Drug Administration shall require all manufacturers to print information regarding ingredient content by percentage, vitamin content, and caloric count on all packaged foods to be sold in this country.

——Legislation should be passed to abolish holder-in-due-course laws.

——Legislation should be passed to prevent the denial of credit to older persons solely on the basis of age.

——Federal safeguards against unrealistic raises in rent should be continued for the protection of consumers of shelter as long as we are in a period of inflation.

——The Federal Government should establish a Senior Savings Bond program to enable the elderly to invest in savings free from the uncertainties of inflation.

——Truth-in-Savings should be required, telling consumers in standard terms the annual percentage rate, the conditions under which interest will be and is paid, and any limitations on interest or liquidity of funds.

——Gasoline should be required to be labeled at the pump, giving the amount per gallon of those standardized ingredients important to the functioning of a car and to the control of pollution.

——Home appliances should be labeled with a "tel-tag" such as has been proven to be used successfully in Europe, giving as standardized terminology such base information as wattage, capacity, size, and performance characteristics.

——Homestead tax exemption should be provided the elderly to relieve them from being taxed out of their homes.

——Housing for the elderly should be designed for the needs of the elderly, included in community planning so the elderly can participate in community activities, integrated with home health care facilities to facilitate the transition of being cared for by others. It should be economical, attractive, and should encourage the elderly to live in a life style that allows for greater socialization and participation with others.

——Cash customers should get the same discount the banks get when they give cash to the merchant.

> *Comment:* The intent of *"The Older Citizens' Consumer Program,"* published by the Kansas Citizens Council of Aging in *Probe,* February 1971, was accepted as expressing the general opinion of the Delegates participating in the Special Concerns Session on The Elderly Consumer.

Roster of Planning Committee

Nongovernment [1]

Erma Angevine, (Chairman), Executive Director, Consumer Federation of America, Washington, D. C.

Elma Griesel, Staff Coordinator, Retired Professionals' Action Group, Washington, D. C.

Camille M. Haney, Consumer Affairs Coordinator, Wisconsin State Department of Justice, Madison, Wisconsin (representing the National Association of Attorneys General)

Eunice P. Howe, Chairman, President's Consumer Advisory Council, Belmont, Massachusetts

William Hutton, Executive Director, National Council of Senior Citizens, Inc., Washington, D. C.

George A. Johnson, Member, President's Consumer Advisory Council, and Assistant Head Master, Boston English High School, Boston, Massachusetts

Ralph Leach, Consumer Information Program Coordinator, American Association of Retired Persons—National Retired Teachers Association, Washington, D. C.

Yvonne Price, Executive Assistant, Leadership Conference on Civil Rights, Washington, D. C. (representing the National Association for the Advancement of Colored People)

David Swankin, Director, Washington Office, Consumers Union of the United States, Inc., Washington, D. C.

Government

Dorothy Burkhardt, Assistant for Community Involvement, Office of Consumer Affairs, Executive Office of the President, Washington, D. C.

Barbara M. Burns, Deputy Assistant Secretary for Consumer Services, Office of the Assistant Secretary for Community and Field Services, Department of Health, Education, and Welfare, Washington, D. C.

Marilee Cavender, Consumer Affairs Specialist, Office of Consumer Affairs, Department of Transportation, Washington, D.C.

Patricia Carter, Professional Staff Member, Special Committee on Aging, United States Senate, Washington, D. C.

Ezra Kohn, Director of Research, Office of Consumer Affairs, Executive Office of the President, Washington, D. C.

W. Byron Rumford, Assistant Director, Division of Consumer Education, Federal Trade Commission, Washington, D. C.

Ann Uccello, Director, Office of Consumer Affairs, Department of Transportation, Washington, D. C.

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[1] Although not actively participating in the work of the Planning Committee, the American Council on Consumer Interests and the Consumer Advisory Task Force of the American Association of Emeriti accepted invitations to serve with the other organizations as co-sponsors of the Session.

LEGAL AID AND THE URBAN AGED

At the request of the American Bar Association Family Law Section Committee on Legal Problems of the Aging, and the Legal Research and Services to the Elderly Project of the National Council of Senior Citizens, this Special Concerns Session was provided. The Institute of Criminal Law and Procedure of the Georgetown University Law Center also accepted an invitation to membership on the Planning Committee. These three co-sponsoring organizations were assisted by representatives from the Office of Services to the Aged, the Public Defender Service of the District of Columbia, and Federal representatives from the Departments of Justice, and Health, Education, and Welfare, and the White House Conference on Aging.

Participants

Nearly 100 Delegates to the 1971 White House Conference on Aging participated in this Session. Many of them were lawyers and knew first hand the problems to which this meeting was addressed. Other Delegates had themselves experienced problems in getting legal service, and still others were concerned about the high incidence of crime against the older citizens. A working paper entitled "Legal Problems Affecting Older Americans," [1] prepared for the Special Committee on Aging of the United States Senate, was made available to the Delegates who attended this Session. Some of the Delegates were well acquainted with the document and were thus able to contribute to the discussions from more than their own experience.

The Program

The program of the Special Concerns Session on Legal Aid and the Urban Aged was presented in two parts reflecting the two major areas of concern.

The first part dealt with "The Elderly as Victims of Crime." This part of the program concerned itself with the need for protective facilities to deter "whitecollar crime," such as unfair business practices and fraud, as well as "crimes of violence" such as assaults and robberies. Attention was also given to ways to facilitate the participation of the elderly in the criminal justice system.

The second part of the Session was concerned with providing legal service to the aged; services such as: representation in appeals to governmental agencies, conservatorships and guardianships, administration of estates, and facilitation of model legislation. The suggestions presented in this report speak to the protection of self, property, and civil rights for older people. This area of concern and these suggestions must be given careful attention if the dignity of the later years is to become a reality.

(See Program on next page)

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[1] Available from the Superintendent of Documents, United States Government Printing Office, Washington, D. C. 20402. Price $.30.

1971 WHITE HOUSE CONFERENCE ON AGING

PROGRAM

LEGAL AID AND THE URBAN AGED

Presiding: Bruce Terris

8:00 A.M.—Part I
THE ELDERLY AS VICTIMS OF CRIME

Speaker

SEYMOUR GLANZER, Fraud Division, Office of the District of Columbia

Resource

JEFFERY HALPRIN, General Counsel to Metropolitan Washington Police Department, District of Columbia

PRESENTATION OF RESOLUTIONS FOR DISCUSSION AND VOTING

9:45 A.M.—Part II
LEGAL SERVICES FOR THE AGED

Speakers

DAVID H. MARLIN, Director of Legal Research and Services for the Elderly, National Council of Senior Citizens

DR. CLINTON BAMBURGER, President, National Legal Aid and Defender Association

Resource Panel

LEON JAWORSKI, President, American Bar Association

JOHN DOUGLAS, Former President, National Legal Aid and Defender Association

ALFRED CONARD, President, Association of American Law School

JAMES W. COBB, President, National Bar Association

MARVIN LEWIS, President, American Trial Lawyers Association

C. NORMAND POIRIER, President, Federal Bar Association

NORMAND J. KALCHEIM, Chairman, Committee on Legal Problems of the Aging, American Bar Association

EDWIN VILLMOARE, Program Development and Training Division, Office of Legal Services, OEO

PRESENTATION OF RESOLUTIONS FOR DISCUSSION AND ADOPTION

12:00 Noon—Adjournment

THE SESSION REPORT

Recommendations

1. The Law Enforcement Assistance Administration, the Department of Housing & Urban Development, and other Federal agencies should provide funds for new methods to protect the elderly against crime. For example, special security measures should be included in all housing occupied exclusively or largely by the elderly, such as ways to call the police from each residence, high quality door and window locks, and extra guards. Social Security and other government checks can be sent on varied dates instead of all at once, and can be sent, with the consent of the elderly, directly to banks.

2. Social services should be designated to work closely with police departments so that all elderly persons who are victims of crime, or who report non-criminal problems to the police, can obtain all necessary assistance. Such agencies might be within or outside the police department itself. Emergency assistance should be immediately available for persons who have suffered loss of checks or money, personal injury or other damage. A single telephone number should be publicized so that the elderly can readily obtain these services. The Law Enforcement Assistance Administration and other Federal agencies should provide grants to agencies to provide these services. And the local Bar Association should develop programs to ensure that victims of fraud can obtain attorneys to represent them in suits seeking compensation for their losses.

3. The criminal justice system should give special assistance to elderly persons who are victims of crime or are witnesses in criminal cases. For example, police officers, prosecutors, and defense attorneys should be especially trained to communicate with the elderly. Elderly witnesses may need to be provided with transportation for court appearances. Trials may have to be conducted more promptly to relieve the burden on the elderly from repeated and protracted court appearances. The Federal Government should provide assistance to these efforts such as by including these ideas in training provided by funds of the Law Enforcement Assistance Administration for personnel of the criminal justice system.

4. The Federal Government should provide funds to allow consumer protection agencies, with staff, to be established or expanded by State, county or city government in every locality to protect the elderly from fraud. They should develop educational techniques to alert the elderly to the kinds of frauds frequently practiced and the need to consult a legal service or other attorney when large purchases are being made. They should also draft statutes needed to protect the elderly, such as allowing several days for recession from contracts made with door-to-door salesmen of home improvements or various consumer goods.

5. Fraud units should be established in Federal, State, and local police and prosecuting offices. The personnel of these offices should receive thorough training in methods to detect and combat schemes used to deceive the elderly. The Federal Government, either directly or through the Law Enforcement Assistance Administration, should provide training and funds to enable such programs to be established.

6. The Federal Government (through the Office of Economic Opportunity, any successor legal service agency providing funds for legal services to the poor, or other agency) should set aside funds to be used for special legal services to serve the elderly which are at least proportionate to the elderly's share of the total poor. These services could be provided by existing legal service programs or new programs. A minimum of $10,000,000 a year should therefore be set aside for this purpose immediately. Some of these funds should be available to allow organizations of the elderly to retain partial fees or prepaid legal insurance for the elderly whose incomes are inadequate to pay full legal fees or the cost of such insurance.

7. The Federal Government (through the Office of Economic Opportunity, any successor legal service agency, or other agency) should establish a special center concerning legal rights of

the elderly comparable to its centers relating to health, housing, consumer, migrant problems. The center should do research, bring test cases, draft and work for model legislation, train legal service attorneys and legal aides, and have additional funds to support demonstration and research concerning the legal problems of the elderly.

8. The Federal Government (through the Office of Economic Opportunity, any successor legal service agency, or other agency) should provide funds to train elderly laymen as paid legal aides and to operate programs in which these aides can act as advocates for the elderly before administrative agencies.

9. Legislation to establish a legal services agency to assume the responsibilities of the Office of Economic Opportunity relating to legal services should assure that the elderly are represented on the agency's board of directors in approximate proportion to their share of the poor.

10. Legal service programs should themselves develop or work closely with existing outreach programs to the elderly poor so that the elderly are fully aware of and have full accessibility to legal services.

11. All Federal and State benefit programs—such as Medicare, Medicaid, and Old Age Assistance—should provide for the payment of attorneys' fees, which are not taken from the benefits to which the elderly are entitled, for all elderly persons who challenge decisions to deny, reduce, or limit benefits. These fees should be adequate to attract attorneys to provide service to elderly clients regardless of income.

12. All Federal and State benefit programs should explicitly notify in writing all elderly persons whose benefits are denied, reduced or limited, that they have the right to representation by an attorney or trained lay advocate, the desirability of this representation through legal service programs, Bar Association referral committees, and other means. The Federal or State government should provide for free counsel chosen by the elderly if the elderly cannot otherwise obtain counsel.

13. The elderly should be provided free, competent attorneys in all proceedings relating to civil commitment, conservatorships, and other proceedings brought to restrict their freedom or other legal rights. Such legislation should allow the elderly to pay for persons of their own choosing.

14. The States should adopt legislation providing public guardians, conservators, and administrators without cost to the elderly who cannot afford from modest assets to pay for these services. Such legislation should allow the elderly to pay for persons of their own choosing.

15. A subcommittee of this Session should continue to operate after the Session is concluded to work with the leadership, staff, and Delegates to the Conference and with other government officials to carry out the above recommendations.

Roster Of Planning Committee

Government

Carlile Bolton-Smith, Assistant to the Director, Bureau of Hearings and Appeals, Social Security Administration, Department of Health, Education, and Welfare, Washington, D. C.

Roberta Brown, Director, Office of Services to the Aged, Washington, D. C.

Jane Comerford, Social Case Worker, Mental Health Division, Public Defender Service, Washington, D. C.

Axel Kleiboener, Attorney Advisor, Office of Criminal Justice, Office of the Deputy Attorney General, Department of Justice, Washington, D. C.

Frank M. Stewart, Technical Assistant, White House Conference on Aging, Washington, D. C.

Nongovernment

Bruce Terris, *Chairman,* Attorney, Washington, D. C.

Robert Brown, Associate Director, Legal Research and Services for the Elderly, National Council of Senior Citizens, Washington, D. C.

Alan Hurst, Research Assistant, Institute of Criminal Law and Procedure, Georgetown University Law Center, Washington, D. C.

David H. Marlin, Director, Legal Research and Services to the Elderly, National Council of Senior Citizens, Washington, D. C.

Reports of the
Special Concerns Sessions on

YOUTH AND AGE

VOLUNTEER ROLES FOR OLDER PEOPLE

The American National Red Cross, the B'nai B'rith Women, the Community Service Society of New York, the Jewish Social Service Agency, and the National Center for Voluntary Action made up the membership of the Planning Committee for the Special Concerns Session on **Volunteer Roles for Older People.** The Foster Grandparent Program and Retired Senior Volunteer Program of ACTION also sent representatives to the Committee.

The Participants

That older and retired persons want to put their experience, skills, and time to the service of others as volunteers in their communities was clearly demonstrated by the participants in this Special Concerns Session. Approximately 400 delegates pre-registered for this Session; they were joined by many other Delegates, observers, and invited guests. Of the 17 Special Concerns Sessions, the Session on Volunteer Roles for Older People had the second largest attendance. Official Delegates were the only persons at the Session who were permitted to vote on the recommendations. The participants came to the Session without prior knowledge of the format or content of the program, but each brought his conviction and dedication to the idea that older people could fulfill themselves by giving.

The Program

The Session focused on the development of policy and action recommendations that facilitate volunteering by older persons. As background for the formulation of recommendations, some considerations significant to volunteering by older persons were brought into focus in four brief presentations.

In her opening remarks, **Mrs. Ripley** noted three major current trends in volunteering contri-

1971 WHITE HOUSE CONFERENCE ON AGING

PROGRAM

VOLUNTEER ROLES FOR OLDER PEOPLE

Presiding—MRS. ALEXANDER RIPLEY, President-Elect, National Conference on Social Welfare

8:00 A.M.-8:15 A.M.—Welcome and Opening Remarks

8:15 A.M.-9:15 A.M.—Background for the Formulation of Recommendations

- **—Volunteering Today**—Mrs. ALEXANDER RIPLEY
- **—Volunteer Roles**—CHARLES ARCHIBALD, New Jersey Department of Institutions
- **—Factors Influencing Volunteering by Older Persons**—GWEN O'NEAL, American Association of Retired Persons
- **—Value of Volunteering by Older Persons**—HARRIET NAYLOR, National Center for Voluntary Action

9:15A.M.-9:30A.M.—Assignment to Subgroups

9:30 A.M.-10:45 A.M.—Preparation of Recommendations

Discussion Leaders

Subgroup No. 1—CHARLES FREEMAN, The New York Room

Subgroup No. 2—THOMAS TEWEY, The Massachusetts Room

Subgroup No. 3—ROBERT CURREY, The California Room

Subgroup No. 4—DENISE CAVENAUGH and RICHARD SHAPIRO, The Congressional Room

11:00 A.M.-12:00 A.M.—Concurrence on Final Recommendations

12:00 Noon—Adjournment

buting to the growing significance of the voluntary roles in our society: the great expansion, both in quantity and in variety, of opportunities for volunteer involvement; the expanding resources for volunteer recruitment (the older person and retiree being one of the most significant of these); and the emergence of special professional leadership for voluntary effort at both local and national levels, under private as well as governmental auspices.

In volunteering, individuals have opportunity to fill many roles **Mr. Archibald** noted. "Volunteers" are frequently seen as those who give direct service to others in regularly scheduled programs. Attention was called to the importance of the service of volunteers in policy and planning roles and in leadership of the activities of others as well as in roles of stimulating participation in groups that organized around special interests, including groups that direct their volunteer efforts to matters of concern to the well-being of senior citizens themselves.

Chief among the significant factors influencing volunteering by older persons are the attitudes and misconceptions of others regarding the capabilities of older persons. **Miss O'Neal** pointed out that great variations in physical, emotional and mental capacities exist at every age, and that the inclusion of older persons in setting goals and in formulating plans and policy may well be the missing ingredient in achieving effective, fresh approaches. The fact that some older persons cannot afford financially to volunteer is a factor to which attention should be given, not in terms of money alone, but of fundamental convictions regarding the values of volunteer services. Job design at every level is the key to sound planning—building the worth of the volunteer participation into the organization's total plans.

Volunteering by older persons has special values to them as well as to the persons served. As some of these, **Mrs. Naylor** pointed out: opportunities for the use of knowledge, skills, and judgement acquired through life experience; time for thoughtful listening to persons and problems; the older person's need to fill roles useful to others; and his greater freedom, to do and be things not possible in his years of employment. The potential manpower in the pool of retired, older persons presents both a resource and a challenge to volunteering.

Following the presentations, four subgroups were organized to allow as generous an opportunity as possible for conferees to express their thinking. As a means of arriving at substantive recommendations in this broad subject area, each subgroup was asked to consider the need, and develop recommendations to meet the need in one of four areas. The Delegates were told that recommendations could be developed regarding any other aspect of volunteering by older persons as they saw the need, but that all recommendations were required to receive the approval of the entire Session. The four areas were:

1. Recommendations to agencies and organizations with respect to strengthening their commitment to the involvement of older persons as volunteers.
2. Recommendations with respect to how older persons can be encouraged to give volunteer service, including recommendations to organizations whose membership include older persons.
3. Recommendations with respect to meeting the individual's cost in volunteering (reimbursement and stipends).
4. Recommendations regarding special considerations in the development of volunteer participation that would encourage or strengthen the involvement of older persons.

Both the subject matter of this Special Concerns Session and the small group discussion method which was used contributed to the participants exchanging a great deal of information and experience regarding the stimulation and development of volunteer participation by older persons, particularly in the areas of recruitment, guidance, and recognition of volunteers. Much of this was not essentially in the nature of recommendations for action. Recommendations accepted by the participants reassembled in a general session, as reported below, reflect the substance of the much more detailed and comprehensive reports of the discussion sub-groups.

Recommendations

1. A national policy should be established to create awareness in the Nation at large about the worth and talents of older adults as a national resource and to encourage older adults to volunteer. In this connection, widest possible use should be made of pre-retirement counseling as a point of interpreting volunteer opportunities.

2. Existing national older adult volunteer programs should be expanded and funded at adequate levels in order to serve extensive numbers of older persons.

3. There should be support for and strengthening of national leadership (governmental and voluntary) through which local organizations, departments, and agencies can be encouraged and assisted in developing volunteer participation by older persons.

> *Comment*
>
> In discussion of this recommendation, as illustrative of national leadership, reference was made to the National Center for Voluntary Action, the Center for a Voluntary Society, Retired Senior Volunteer Program, and others.

4. Agencies and organizations (governmental and voluntary at any level) should adapt their programs to the use of older volunteers and provide adequately for their training, their growth, and recognition of their accomplishments; should provide for adequate staff leadership and preparation of staff to support volunteer involvement.

5. Jobs developed for older volunteers should meet the needs of older persons, provide for progressive levels of responsibility, and recognize the need for special job design for handicapped adults.

6. Budget planning in both government and voluntary agencies should provide for making available to older volunteers assistance, when needed, with transportation, incidental expenses, and insurance protection.

7. Appropriate interested organizations, agencies, and departments (governmental and voluntary) should endeavor to develop a workable definition of a Volunteer.

> *Comment*
>
> Discussion of this recommendation indicated the diversity of views with respect to what is a volunteer. But there was concensus on the need to provide the widest possible range of opportunities for older persons to be involved in the life of their communities, from full-time paid employment to part-time unremunerated service.
>
> Concern was expressed regarding the need to clarify, at local levels, the character of volunteer service in order to insure that giving such service should not infringe the rights of older persons to receive public assistance or other public support.

Roster of Planning Committee

Nongovernment

Ruth Breslow, Coordinator of Volunteers Services to the Aging, Jewish Social Service Agency, Rockville, Maryland

Mrs. John Byrnes, Volunteer, American National Red Cross, Washington, D.C.

Helen Diamond, Director of Training & Development, B'nai B'rith Women, Washington, D.C.

David Jeffries, Vice President for Administration, National Center for Voluntary Action, Washington, D.C.

Janet Sainer, Director, SERVE Projects, Community Service Society of New York, New York

Phoebe Steffey, Assistant Director, Office of Program Development, American National Red Cross, Washington, D.C.

Isolde Weinberg, Information Researcher, National Center for Voluntary Action, Washington, D.C.

Government

Anne C. Johnson, Chief, Foster Grandparent Program, ACTION, Washington, D.C.

Alfred N. Larsen, Chief, Retired Senior Volunteer Program, ACTION, Washington, D.C.

Frank Stewart, Technical Staff Assistant, White House Conference on Aging, Washington, D.C.

YOUTH AND AGE

When the Planning Board of the 1971 White House Conference on Aging was initially constituted, no young people were named as members. Believing that the social problems of aging are a concern of youth as well as adults, Elliot Richardson, Secretary of Health, Education, and Welfare, directed Conference planners to involve members of the younger segment of the population.

At its first meeting in the Fall of 1970, the Conference Planning Board included youth representatives from eight national youth organizations. These youthful members of the Conference planning body sought to insure the meaningful participation of young people in all Conference activities and arranged to meet again with the Conference Director to discuss additional routes which this involvement might follow.

Stemming from these two meetings, two youth delegate positions were allocated to each State and territory which was to name Delegates to the Conference. In addition, the initial eight youth representatives had their number expanded to include representatives from various minority groups and from among youth not involved in organized national activities. And, as the Youth Participation Committee of the Planning Board, the group was charged with the responsibility for developing plans for youth participation in the Conference.[1]

Although desirous of having young Conference Delegates participate with the same rights and privileges as other Conference participants, the Youth Participation Committee sought to make it possible for Youth Delegates to meet as a group during the Conference to develop proposals reflecting their distinctive attitudes and particular interests. Through the Special Concerns Session on **Youth and Age,** Youth Delegates to the Conference, joined by other interested Conference Delegates, observers, and guests, were provided the opportunity to express themselves and to present their recommendations.

Development of the Session

Central to the planning of the Special Concerns Session was the notion that it should build upon the unique opportunity presented by having young persons from across the country named to participate in a conference on the problems of the elderly. To this end, at the initiative of the Youth Participation Committee, the White House Conference on Aging sponsored a series of 4 one-day regional youth meetings. During October 1971, Boston, Atlanta, Chicago, and San Francisco each hosted meetings of Conference Youth Delegates from geographically proximal States and territories.

The regional "youth think" sessions served as an important preparatory activity for the Session itself. Lacking the specificity of concern and focus which might be thought to characterize other special Conference Sessions, it became possible, through the mechanism of the regional discussions for Youth Delegates to identify common areas of concern to serve as the themes around which substantive discussion and refined recommendations could be forthcoming in the length of the morning Session on Special Concerns.

The Youth Delegates—largely students from high schools and colleges, but including graduate students and young professionals working with the aged—through their discussions with others from their region, with members of the Youth Participation Committee, and with Conference Chairman, Arthur S. Flemming, shaped their thoughts into a working document for use at the Session. Each regional grouping, drawing upon the discussions of those meeting before it and upon the work of the Youth Participation Committee, worked to formulate the document attached as an Appendix to this report.

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[1] See Roster of Planning Committee, page 253.

Reflecting the concerns of over 100 young people between the ages of 17 and 25, this document served to focus the program and recommendations of the Special Concerns Session on Youth and Age around:

1. Youths' overriding concern with several major societal issues.
2. A specific concern with young peoples' awareness, attitudes, and education directed at understanding aging and the problems of the aged.
3. An interest in community service and voluntary action directed at ameliorating these problems.

The Program

As suggested in the following agenda, most of the morning Session was spent in small group discussions. Delegates chose to participate within one of three work groups, each group considering one of the three core-areas of concern identified by youth in their preparatory meetings.

To insure access to those who could implement their recommendations, the Session participants addressed their remarks to an invited listening panel. Persons working within national organizations, particularly those directly involved in youth and volunteer activities, and representatives of offices within the Federal Government with special interest in student and youth affairs, heard the challenge to action presented by the young Delegates. Also there to listen, as well as to present the keynote address, was Webster B. Todd, Executive Director of the Conference.

1971 WHITE HOUSE CONFERENCE ON AGING

PROGRAM
YOUTH AND AGE

Presiding—THOMAS E. FIELDER, Chairman, Youth Participation Committee, White House Conference on Aging

8:00 A.M.—Welcome and Opening of the Session, THOMAS E. FIELDER

Introduction of Listening Panel

- —JOAN CATON, Special Assistant for Student Affairs, Office of the Secretary, Department of Health, Education, and Welfare
- —GEORGE FREEMAN, Director, Washington Bureau, Boy Scouts of America
- —MABEL HAMMERSMITH, Program Specialist, Girl Scouts of the United States of America
- —SCOTT HUNT, Director, Office of Youth and Student Affairs, Office of Education, Department of Health, Education, and Welfare
- —ALEX MALESKI, Director, Special Services, Boys Club of America
- —MARGO MARUSI, Staff Member, Office of Robert H. Finch, Counselor to the President, The White House

(Introduction of Listening Panel Cont'd)

- —THOMAS MOONEY, Vice President, National Students Association
- —JACK TENNANT, Coordinator, Office of Teacher Retirement, National Education Association
- —STANLEY B. THOMAS, Deputy Assistant Secretary for Youth and Student Affairs, Department of Health, Education, and Welfare
- —BARBARA WILLIAMS, Member, Board of Governors, The American National Red Cross
- —ARTHUR WEINER, Urban/Suburban Relationships Executive, Boy Scouts of America

8:20 A.M.—Address, WEBSTER B. TODD, Jr., Executive Director, White House Conference on Aging

8:35 A.M.—Group Discussions

- —Youth Statement of Concerns
- —Youth Awareness and Aging
- —Youth and Voluntary Action

10:30 A.M.—Presentation of Group Recommendations for Discussion and Ratification

12:00 Noon—Adjournment

THE SESSION REPORT

I. Concern

Whereas, we recognize young and old are one; and both deserve dignity and respect; and together are concerned with the quality of life in the future as well as the present; and in recognition of the urgency of the situation; we therefore propose the following:

1. A radical and immediate reordering of our national spending policies and economic priorities to place human needs before the material needs of the military and the space program.
2. A wide range of accessible services must be provided in the areas of nutrition, health, housing, medical and social care. But the most crucial need is to provide *all* citizens a guaranteed adequate income enabling them to purchase goods and services of their own choosing.
3. That both young and old be represented in the decision-making processes of all local, State, and national commissions and boards affecting the aging.
4. That all persons, particularly the aging, be given the legal right to choose to die naturally and in dignity, avoiding prolonged illness, pain, confinement, and degradation.
5. That we must bridge the gap of young and old by encouraging alternate forms of social organization to supplement family structure from which young and old are often withdrawn.
6. That government immediately provide adequate and sufficient housing for the aging including communal settings where young families and the old can live together.
7. That society should adopt a policy of education for life such as preparation for job, family, retirement and use of leisure time. This education should begin with young children developing a philosophy of life and should be developed by consultation with government, business, labor, and educational institutions.
8. We urge that many more employment opportunities, including part-time jobs, be made available by government and by the private sector for both youth and the aging, particularly those jobs which enable them to work together and relate to one another for the betterment of themselves and their communities.

II. Awareness

As citizens we are all entitled to full participation in the democratic process. Therefore, we urge that public and privately-sponsored civic education programs be implemented for the aging to inform them of their legal rights and political privileges and to encourage them to exercise these rights and privileges collectively.

Wherever appropriate, economic boycott, nonviolent protest and demonstration, and other forms of political activity should be used to pursue the goal of a better life for all Americans.

In order to effectively implement the positions stated above, it is recognized that awareness of the continuation of life from conception through death is an essential aspect of education throughout the life cycle. It is further recognized that there will be many avenues of activity that must be exploited and maximized.

We submit the following resolutions regarding education:

1. Federal, State, and community agencies shall earmark funds and appoint committees within the year following the White House Conference on Aging for the preparation and utilization of curricular and educational materials for all school levels that deal with the biological, medical, psychological, social, and environmental aspects of the continuation of life from conception through death. Further, this shall be implemented with in-service training for teachers at all levels, as well as continuing education for persons all through life.

2. It is particularly suggested that in all appropriate educational institutions, courses such as sociology, anthropology, etc., be offered in which younger and older persons can both enroll on a credit or non-credit basis.

3. Conference follow-up shall include:
   a. Contact with student governments at every available educational level to identify a vehicle for their contributions towards the realizations of the policies adopted at this Conference.
   b. Contact with existing and projected Federal agencies with funded programs for youth opportunities in community activities (e.g. ACTION, Domestic Council, etc.) to identify aging as an urgent social issue.
   c. Contact with universities, State and community colleges and community organizations to establish seminar and field experience courses that will involve students in all disciplines.

4. Wherever possible, educational systems at all levels should utilize qualified older persons as paraprofessionals. Formal credential requirements should be relaxed without the relaxation of remuneration for these services. Funds should be provided by an appropriate Federal agency for these services.

5. We think that without neglecting the incorporation of preparation for living into the school system, it is urgent that every available avenue for informal education be potentiated. Priority (in the appropriation of funds) shall be given to the promotion of interaction between youth and aged outside the formal school system, in voluntary organizations and other common activities as a conscious reflection of the need to change current cultural attitudes and stereotypes of all stages of life.

6. It is finally urged that the President of the United States include, as part of a national policy on aging, an emphasis on achieving life cycle education as a mandatory component of all educational institutions.

III. Action

One of the major aims of the White House Conference on Aging should be to harness the activity and energy of youth and link it to the solution of the problems confronting the aging. Three areas of youth volunteer activity suggest themselves for immediate action:

1. Providing information to senior citizens regarding existing social services and financial resources.
2. Rendering direct service to senior citizens.
3. Acting as advocates in behalf of the elderly.

However, it is imperative that such programs involving youth and aging recognize a relationship of reciprocal rewards. Additionally, young people should be reimbursed for expenses incurred in volunteer activities.

Suggestions for immediate action include:

1. Providing information—
   a. Undertake local projects to identify existing resources for and needs of aging Americans.
   b. Staff telephone information and crisis centers.
   c. Utilize the media to inform the aging about existing resources.
   d. Guarantee that youth and aging be represented in all aging-related agencies.
2. Rendering service—
   a. Form transportation teams to assist the elderly.
   b. Assist in home upkeep and maintenance.
   c. Establish friendly visitor programs.
   d. Utilize programs sponsored by ACTION to provide needed staffing.
   e. Assist with programming activities in Senior Centers.
   f. Provide escort services, especially at night.
   g. Provide activities that will promote social and sexual interaction for the aging.

3. Acting as advocates—
   a. Utilize existing advocacy groups on behalf of the elderly.
   b. Form community-wide advocacy groups, which will also serve as grievance boards and community coordinating committees for volunteer activities related to aging.

In order to implement a program of young assisting the aging, means are needed to mobilize and coordinate community activities. This can be accomplished by Services to Elderly People (STEP)*, through the formation of local steering committees. National youth organizations and State agencies should encourage their local affiliates to begin creating these committees and to provide the funding for training programs in the study of the aging.

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* The STEP concept is discussed more fully in the document engendered by the Youth Delegates in their regional meetings.

Platform Statement of Youth Delegates[1]

1971 White House Conference on Aging

Introduction

In preparation for the Special Concerns Session on Youth and Age, Regional meetings of Youth Delegates to the 1971 White House Conference on Aging were held to develop a comprehensive working statement of youth concerns and proposals regarding aging and society.

The structure of this working document, which lent itself to adoption as the framework for the development of recommendations within the Session itself, includes a statement of overriding concern and an elaboration upon the themes of education and voluntary action among youth.

From this working statement, the thought and study which its preparation fostered, and the unique opportunity presented young people to meet in a Special Session of the White House Conference on Aging, specific recommendations were framed and presented to the Nation.

Youth Statement of Concern

The priorities of this country are not in the best interest of the needs of the people particularly the aging. We, as citizens of the United States of America, isolated and forgot the elderly after allowing them to sacrifice their lifetimes to make it possible for us to enjoy a high standard of living. Therefore, we, as Youth Delegates to the 1971 White House Conference on Aging strongly support . . .

—Equality for the aged.

—A balance of spending in proportion to the percentage of the population they represent, particularly in terms of Federal funding and State agency spending.

—An investigation of national priorities in terms of defense and space spending as compared to domestic needs.

Youth Awareness of Aging

Aging is not a sudden occurrence at 50 or 65, but a developmental process proceeding at a rate unique to each individual. Too often, however, people—and especially young people—ignore the developmental aspects of aging and, as a result, hold many misconceptions about the aging process. A more realistic understanding of others and a fuller acceptance of one's own developmental process would be gained if individuals were aware of the potential problems and disadvantages, excitements and rewards of each stage of the life cycle from infancy to old age. Such preparation for living should deal with the biological factors of growth and physical change, the ensuing psychological needs and strengths, social environmental influences affecting personal development, and the responsibilities of society in dealing with the problems and concerns of individuals of different age groups.

Awareness of the developmental process can be gained through association with others of different ages. Youth, for instance, can gain understanding and insight into the concerns of the elderly through involvement in common activities (the voluntary action segment of this document deals more specifically with how face-to-face involvement can be attained). But knowledge of the developmental process and the social conditions that may affect individuals at different steps of the life cycle can be better gained through formal learning.

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[1] Submitted for the consideration of Delegates to the Special Concerns Session on Youth and Age.

The concept of preparation for living could be incorporated into the school system at all levels to alert individuals to the feelings and experiences of others as well as how one's own feelings and experiences fit into the overall pattern of life. Such a program would also utilize the resources of various segments of the population in the teaching process and tap the resources of young people in alleviating some of the social problems affecting older individuals while at the same time gaining valuable practical experience.

In this section, the following items will be discussed:

1. Preparation for life at the elementary and pre-elementary school level.
2. Continuing emphasis including career possibilities and social problems.
3. Utilizing college students in alleviating some social problems.

IDEAS FOR DISCUSSION

Discussions in the regional meetings revolving around the topic of youth awareness produced several ideas and suggestions for ways youth knowledge and understanding of the aging process could be increased through the existing school system. Ideas which are general in scope are listed first, followed by those pertaining to elementary and high schools, and universities.

1. General

a. Update the educational system in order to emphasize the individual development of a life style and philosophy of life that are dynamic i.e. accepting and adjusting to change in the larger society and in one's physical and mental capabilities.

b. Expand the scope of education to include information and possibly training for youth on the constructive use of free time.

c. As our society becomes more technological and industrialized, schools must bear major responsibility for educating people of various ages for second careers or for leisure-time activities.

d. Develop adult education, community aides, field placement, training programs for volunteers of all ages and educational levels.

2. Pre-Elementary and Elementary School Levels

a. Utilize elderly persons as nursery school helpers and day care center supervisors.

b. Encourage school administrators to avail themselves of older persons as teacher aides, reading tutors, etc.

c. Provide situations for face-to-face interaction between young children and older people.

d. Hold a National Poster Contest on the theme "Young and Old Together."

3. High Schools

a. Provide options for relaxing school requirements in order that young people may become more involved in the community.

b. Discuss the problems of the aged and of aging and implications for society as part of contemporary American government, current issues, civics classes, etc. Also, provide optional field experience in social service agencies, senior citizens community centers, nursing homes, with older individuals, etc.

c. Encourage instructors in the social science fields (psychology, sociology, etc.) and in biology and health to include information on the mental, physical, and social aspects of aging.

d. In vocational education programs, promote courses which will train young people to work with older people in health institutes such as nursing homes and hospitals. Utilize retired workers as resource people or part-time teachers in vocational education courses.

e. In home economics programs, invite mobile elderly from the community and nursing homes (and provide transportation) to food service classes where meals are prepared. Where possible utilize older women in cooking, sewing, or other craft classes.

f. For school activities such as plays, musicals, and sports, set aside special accessible sections for older persons, both from the community and from nursing homes. Arrange special performances and provide the transportation.

4. Colleges and Universities

a. Emphasize research in gerontology.

b. Offer interdisciplinary courses dealing with the aging process.

c. Organize more opportunities for field experiences for credit.

d. Emphasize flexibility, both in involving various disciplines and types of placement offered.

PROPOSALS FOR IMPLEMENTATION

In order to implement the ideas listed in the previous section, several program ideas or mechanisms have been developed. It should be assumed that the people who know the most about growing old are those who have actually gone through the process. Additionally, it can be assumed that those who teach best are usually those who have done it throughout their lives. If these two assumptions are granted, then the following proposal should enable us to have a significant impact on increasing the awareness of the young about growing old.

1. The National Retired Teachers Association (NRTA) should be contacted by the White House Conference on Aging follow-through staff, or a representative from the Domestic Council on Aging, or from the Department of Health, Education, and Welfare's Office of Youth and Student Affairs, to develop a program and curricula that could be used in elementary schools throughout the country to achieve the goal of awareness by youth of the aging process. While the NRTA is developing this program, the National Education Association (NEA), the National Association of School Boards, and the National Association of Elementary School Principals could also be contacted to encourage them to initiate this program in the elementary schools throughout the country. Once this program has been developed and received acceptance by the major organizations mentioned above, the NRTA could move to implement it, in some cases using retired teachers to teach the program, and, in others, using retired teachers to tutor the teachers who would teach the program. In addition to aiding the young, such a program would utilize a tremendous amount of talent by using retired teachers many of whom would enjoy becoming partially active.

2. Contact should be made by the White House Conference on Aging follow-through staff, or by a representative from the Domestic Affairs Council, or from the Department of Health, Education, and Welfare's Office of Youth and Student Affairs with the National Education Association, National Association of School Boards, and the National Associations of Elementary and Secondary School Principals to:

Encourage the involvement of elderly people as class resources.

Expand the scope of education to include preparation for living emphasis.

Delevop community-oriented field experiences in the field of aging.

3. A "National Poster Contest" could be organized by the State agencies on aging. Contests would be arranged on local level in any way the agencies see fit. Then schools, youth groups, and local committees on aging would take part. Hopefully, these posters would be distributed to local businesses, nursing homes, senior citizens' clubs, etc. for their use after the contests.

4. A means of reaching high school students is through individual high school newspapers. News releases or a series of them could be sent to the schools.

5. Young people throughout the United States should be alerted to the needs, problems, and contributions of older people. A vehicle which reaches many young persons is the college radio station. A 15-minute program could be organized on the theme "Young and Old Together." Such a program could serve to inform, inspire, and sensitize young people in the area of aging. The program could include:

a. 1-minute music (hopefully, specially composed song)

b. 1-minute introduction by host (well known figure)

c. 30-seconds of facts on aging

d. 10-12 minute discussion between some Youth Delegates to the White House Conference on Aging and perhaps some elderly persons on the topic of youth-age cooperation and involvement.

e. 30-seconds of music and "for further information. . . ."

6. ACTION, a new Federal agency, has provided funds to colleges and universities for the purpose of locating and developing opportunities for students to spend a year working on an identified social problem for one year of college credit. ACTION, Department of Health, Education, and Welfare Office of Youth and Student Affairs, and the Domestic Council Committee on Aging should encourage utilization of these funds for field placement in aging by colleges and universities.

7. Conference follow up should include contact with universities in regard to setting up seminar-field experience courses. These should be fairly long in duration to enable students to become proficient in their particular jobs as well as to provide some measure of continuity to the community. The aim of the project is to involve students from many disciplines (medicine, social work, law, health, home economics, etc.) to develop a multipurpose community center in a senior citizens neighborhood. In addition to work in the field, students would be exposed to lectures or participate in seminars dealing with the problems and concerns of the elderly or other related topics.

Voluntary Action

The concept of an action White House Conference on Aging in 1971 can be nowhere better realized than in activity and interaction between young and elderly Americans. On the one hand, the elderly have a number of pressing problems that demand immediate action. On the other hand, young people have unlimited resources of energy and idealism. Accordingly, one of the major aims of the White House Conference on Aging should be to harness this youthful activity and link it to the solution of the problems confronting aging citizens.

In developing a program of volunteer youth activity throughout the country to assist the elderly, three areas of involvement provide immediate opportunities for service and thereby suggest themselves as high priority goals:

1. Provide information to senior citizens regarding existing social services and financial resources.
2. Render direct service to senior citizens
3. Act as advocates in behalf of the elderly

Specific projects designed to meet these goals will vary to adjust to different areas of the country, but each goal can be fulfilled in any region.

To marshal the efforts of young people in the most effective yet immediate manner, several key assumptions must be made. First, though national in scope, such a program can best serve the needs of the aging if implemented on a local, community level. Second, while initially some youth may be uninvolved, the most effective way to mobilize many young people immediately is through national youth organizations. Consequently, in developing a volunteer youth program to assist the elderly, both the assumption that it should be implemented at the community level, and that national youth organizations can most effectively mobilize youth should be taken into consideration.

PROJECT IDEAS

A number of projects ideas that could be initiated at the community level originated out of the four regional meetings in October. In most cases these ideas were not specifically developed, but they were the kinds of programs that once suggested could better be formulated in respective communities across the country to meet each locality's special needs.

Following is a compilation of those ideas organized according to the priority goals they are attempting to fulfill. Hopefully they will be discussed, expanded, and either accepted or rejected.

1. *To provide information to senior citizens regarding existing social services and financial resources.*

   a. Undertake a community-centered project similar to Project FIND [1] to identify resources, needs, and those who are and who are not receiving available resources.

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[1] Project FIND (Friendless, Isolated, Needy, Disabled)—A program of research and service was carried out in communities in 12 different parts of the country. The project sought to locate the elderly poor, to learn something of the source and amount of their income, their state of health, housing, needs for assistance of whatever kind, and to help them secure the benefits of such services and resources as might be available in the community; and when there were no such services and resources, to stimulate their development. It also organized direct personal help when necessary. (Supported by a grant from the Office of Economic Opportunity, Project Find was conducted by the National Council on the Aging, Inc.).

b. Provide community telephone "call-in" centers with vital information to aging, and encourage elderly to use these centers.

c. Utilize the media, via public service advertising, to inform elderly citizens of existing services.

d. Insure that older citizens have input, by being represented on advisory and planning committees to social agencies that affect them, so that better delivery and informational systems will be developed.

2. *To render direct service to senior citizens.*

a. Form transportation teams to assist the elderly in getting around to shop, for medical attention, to church, etc.

b. Assist in home upkeep similar to homemaker service.

c. Deliver meals to homes, similar to the meals-on-wheels program.

d. Establish friendships with senior citizens and visit them regularly.

e. Utilize the student placement program sponsored by the new ACTION agency to increase the staffs of agencies dealing with the aging.

3. *To act as advocates in behalf of the elderly.*

a. Utilize existing advocacy groups such as Urban League, Urban Coalition, public interest groups, and press them to advocate for senior citizens.

b. Form a community group to act not only as advocate, but also as a grievance body and coordinator of volunteer activities. Include not just youth, but also social service agency representatives (Welfare, Social Security) and people from organizations such as Jaycees, United Fund, Legal Aid, etc.

PROPOSALS FOR IMPLEMENTATION

In order to implement a volunteer program of young volunteers assisting the aging, means are needed both to mobilize youth and coordinate community activities. Accordingly, the following proposal is presented for consideration in an attempt to facilitate the initiation of an immediate national action program.

STEP (Services to Elderly People)

1. Proceeding from the assumption that a program will best serve older people if it is community-initiated, the key to STEP will be a local steering committee.

a. The function of the local steering committee will be to coordinate all volunteer activities, recruit volunteers, and to act as both a grievance board and a clearinghouse for information.

b. The committee would be composed of representatives from youth organizations, social service agencies, and other community groups.

2. To initiate the formation of local committees, national youth organizations and State agencies on aging should be directed to encourage their local affiliates to begin creating the committees. In this manner, young people can be easily contacted and mobilized and *two* forces would be working to develop and organize the community steering committees throughout the country.

a. To contact the national youth organizations and the State agencies on aging and then to follow up and insure that directives are being delivered, one staff member during the follow-up of the White House Conference on Aging will be needed.

b. Each national youth organization should assign a staff person to oversee their directives, and to assist local units in initiating the formation of steering committees.

c. Each State agency on aging should assign a staff person to oversee their directive and to assist local units (whether aging boards or welfare departments) in initiating the formation of steering committees.

3. To facilitate the exchange of ideas between national youth organizations, a coordinating body should be formed composed of the staff person from each organization responsible for STEP. The staff person from the White House Conference on Aging follow-up staff, or from the Domestic Council Committee on Aging, or the Department of Health, Education, and Welfare's Office of Youth and Student Affairs would also be a member of this body.

4. To facilitate the exchange of information between community steering committees within a State, the State agency would act as a clearinghouse for such information. This role would be filled by the STEP coordinator assigned by the State agency.

5. To enable the community steering committee to function most effectively, a director should be designated. Such a person would handle the day-to-day STEP activities in his or her community. The funds, if required, to pay this director could be contributed by the participating youth organizations and community groups. Ideally, this individual would be an elderly person. If funding is difficult, perhaps a local organization or business could release an employee for several hours a week to fill this position.

Roster of Youth Participation Committee

Tary Adams, Boys Club of America, Anderson, Indiana

David Alvarado, San Antonio, Texas

Decker Anstrom, St. Paul, Minnesota

Margaret Bartosek, 4-H Clubs of America, Rockledge, Florida

Rosemary Baxter, Riverside, California

Kathleen Broderick, The American National Red Cross, Harrisburg, Pennsylvania

Thomas E. Fielder, (Chairman), Boy Scouts of America, Paducah, Kentucky

Danny Frank, Garden City, New York

Melinda Ann Lee, Girl Scouts of the United States of America, Fresno, California

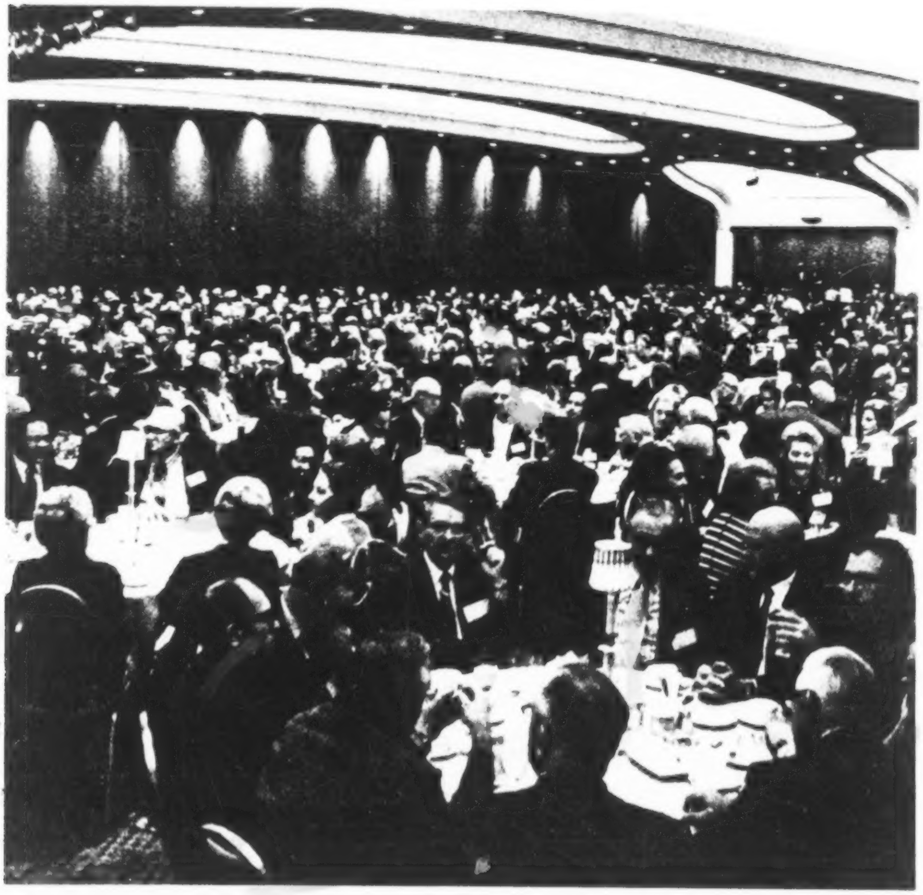
Patricia Roberts, Lake Village, Arkansas

Bradley Taylor, National Council of Young Mens' Christian Associations, Dallas, Texas

Sonya Toledo, Dorchester, Massachusetts

Mary Ellen Tully, Girls Club of America, New York, New York

Steve Zumbach, Future Farmers of America, Manchester, Iowa



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